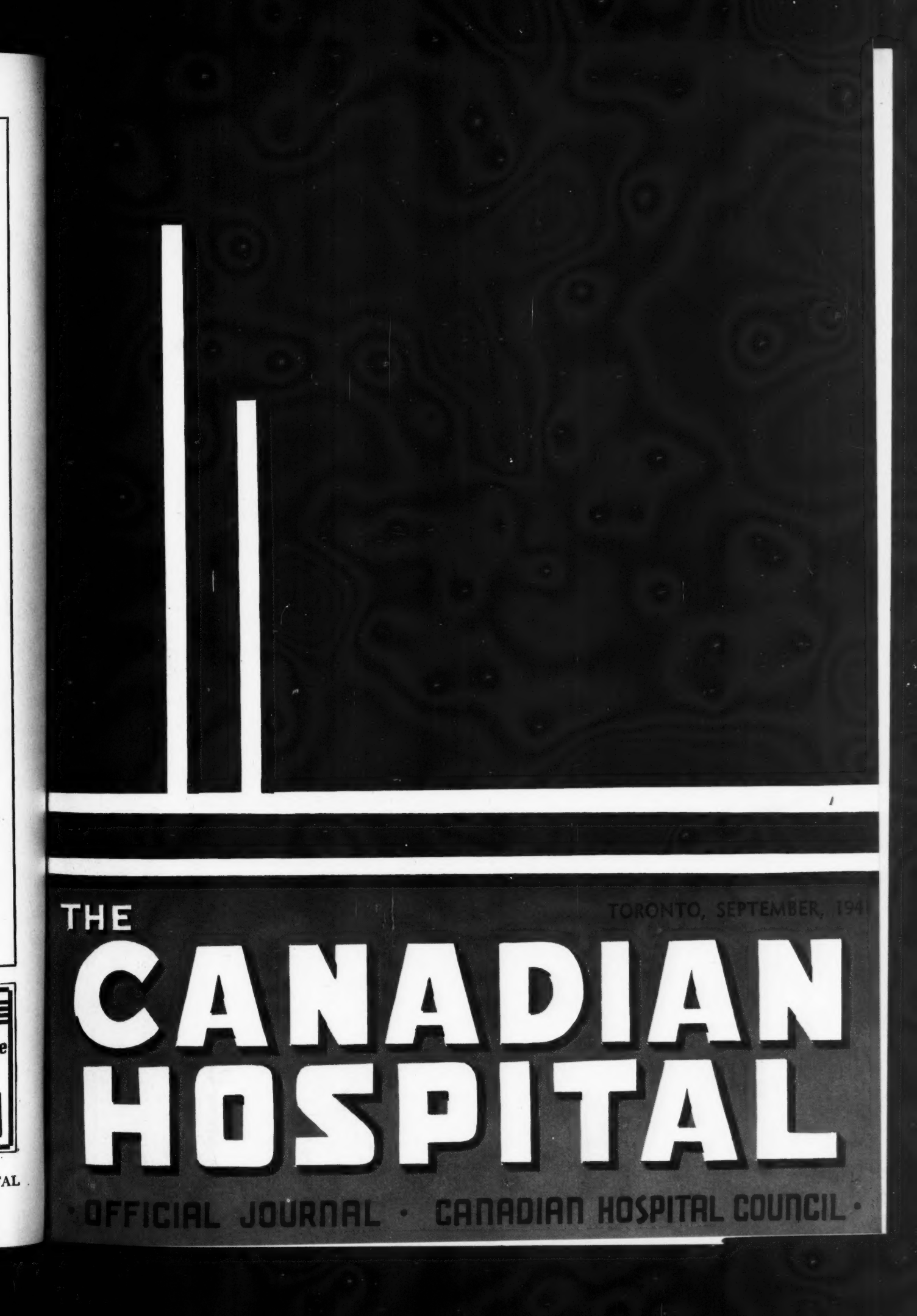


TORONTO, SEPTEMBER, 1941

THE CANADIAN HOSPITAL

· OFFICIAL JOURNAL · CANADIAN HOSPITAL COUNCIL ·

"I WONDER"..

..."with only 25 beds"...

THE fact that yours is only a 25-bed hospital doesn't mean you might not benefit by installing a CANADIAN FOUR-MACHINE LAUNDRY. On the contrary, many hospitals having as few as fifteen beds have found this compact, inexpensive unit the practical, economical solution to their soiled linen problem. It depends entirely on conditions.

That is why we offer the services of a Canadian Laundry Adviser. Without a penny cost and with absolutely no obligation on your part, he will gladly make an impartial survey of your particular laundering needs. His analysis will definitely determine whether it would be to your benefit to install a CANADIAN FOUR-MACHINE LAUNDRY.

Why wonder to what degree the CANADIAN FOUR-MACHINE LAUNDRY will bring you these benefits when you can find out for sure by taking advantage of our free Laundry Advisory Service? Write at once.

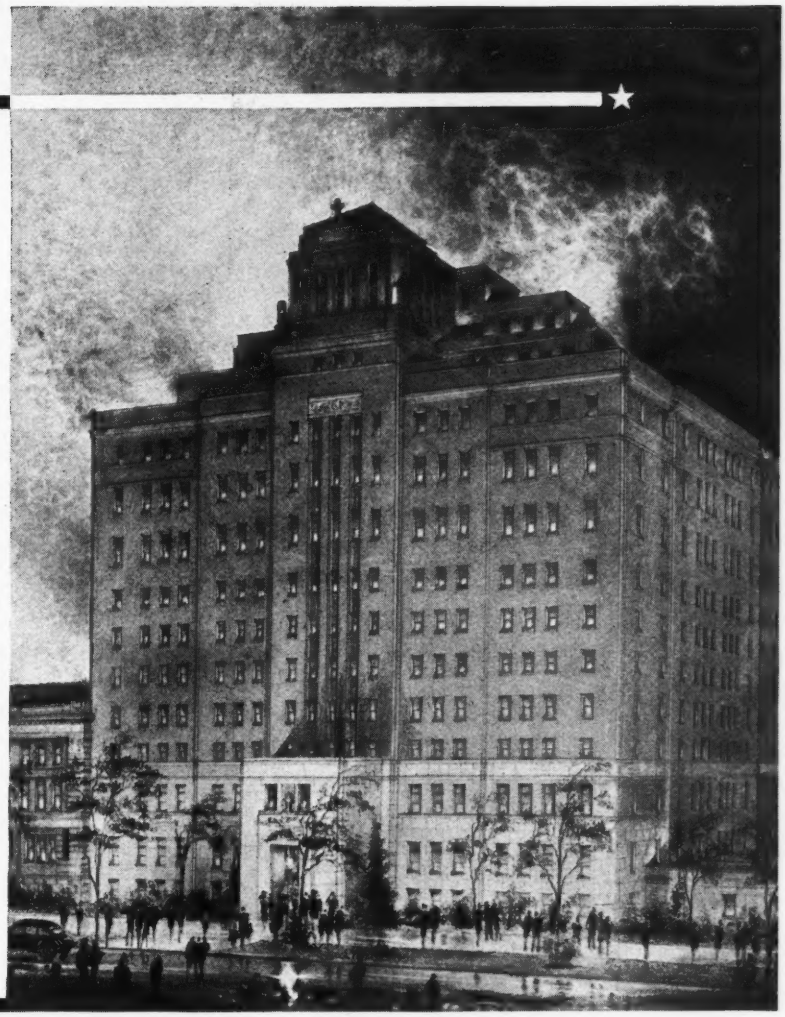
Ask for a Canadian Laundry Adviser

CANADIAN 4-MACHINE LAUNDRY

. . . Does a complete laundering job from thorough, sterile-clean washing to fluffy drying and fine quality ironing. Takes no more space than average private patient's room. Exceedingly easy and inexpensive to operate, only one operator required. *Send today for free, miniature model.*

●

The
CANADIAN LAUNDRY MACHINERY CO., LTD.
Toronto 3, Ontario



St. John's Hospital, Springfield, Illinois, one of the many modern medical institutions which have selected the G-E Model KX-8-33 to meet their high-power requirements.

BEFORE SELECTING HIGH-POWER X-RAY EQUIPMENT FOR YOUR INSTITUTION · · · · · CHECK THE FACTS!

VALUE-WISE medical men who dig deep into cost and performance records have found that true x-ray economy is more than just "How much does it cost?" The big thing is end results *plus* dependable, economical operation.

To get the full story about the G-E Model KX-8-33 500-milliampere x-ray unit's ability to produce consistently the finest diagnostic results, and its enviable record for low cost operation, call in your local G-E X-Ray representative.

From him you will get performance facts and figures based on the experience of hundreds of satisfied users. From him, too, you will get complete information about the KX-8-33 unit's radiographically-calibrated heavy-duty transformer; its new, unusually easy-to-operate Centralinear Control; and its full flexibility over its wide range of service.

To request your local G-E X-Ray representative to call, at your convenience, or to request further information about the G-E Model KX-8-33, write, today, to Department L89.

VICTOR X-RAY CORPORATION of CANADA, Ltd.

DISTRIBUTORS FOR GENERAL ELECTRIC X-RAY CORPORATION

TORONTO: 30 Bloor St., W. • VANCOUVER: Motor Trans. Bldg., 570 Dunsmuir St.
MONTREAL: 600 Medical Arts Building • WINNIPEG: Medical Arts Building

In cases of FEVER DEXTROSOL *Can be your Valuable Ally*

Dextrosol is Pure Dextrose (D-Glucose) in easily assimilable powder form. It is the sugar of the blood, a fuel for the body, and a most important source of muscular energy.

PYREXIA

In case of Pyrexia (Fever—probably of defensive character) many functions of the body are disturbed. The increased demand for food is usually accompanied by loss of appetite. To maintain body heat body tissues are consumed.

One of the great advances of modern medicine has been the use of carbohydrates and Vitamin C to supply the necessary calories in easily assimilable form and the conservation of the tissues of the body.

Thirst is induced by the fever and this may be allayed by large quantities of fruit juices (Vitamin C) containing as much Dextrosol (Pure Dextrose) as is required to supply the needed calories and protect the liver from toxins.

Dextrosol is produced in Canada under the most exacting of hygienic conditions. It is conveniently packed in sanitary containers of 1 and 5 lbs. content.

DEXTROSOL

PURE DEXTROSE

Conforms to the standards of the British Pharmaceutical Codex and U. S. Pharmacopoeia
Manufactured by The Canada Starch Co., Limited, Montreal and Toronto.

Sole Distributors

THE LEEMING MILES COMPANY, MONTREAL.

"The Canadian Hospital"

Official Journal of the

Canadian Hospital Council

Vol. 18 SEPTEMBER, 1941 No. 9

CONTENTS

Prime Minister Opens New Shaughnessy Hospital 13

The Value of the Hospital Service Plan from the Viewpoint of the Hospital Trustee 18
Rev. A. J. MacIsaac

Financial Responsibilty of Hospital in Superannuation Plans for Hospital Employees 19
S. H. Curran

Press Relationships 20
George C. Murray

Hospital Employees May Enroll in Ontario Plan for Hospital Care 21

Air Raid Precaution and Passive Defence 22
Major R. C. Macdonald

Post Graduate Courses: Why Not for Hospital and School Administrators? 23
Miss K. W. Ellis, R.N.

X-Ray Services 25
H. R. Corbett, M.D.

Obiter Dicta 26

With the Hospitals in Britain 28
"Londoner"

Here and There 30
The Editor

Special Qualifications for Surgery Desirable 32

Ontario Association to Have Unusually Fine Programme 34

Analysis Made of Physical Findings on 50,000 Trainees 36

The Old and the New in Panama 38

Correspondence 42

Book Reviews 46

Member

CCAB

Subscription Price in Canada, United States, Great Britain and Foreign, $2.00 per year. Additional subscriptions to same hospital, each $1.00.

Authorized by the Post Office Department as Second Class Matter. The Canadian Hospital is published monthly by The Canadian Hospital Publishing Co., 57 Bloor St., West, Toronto, Ontario.

20 CENTS and 20 SECONDS—

and factory-new cutting efficiency of BARD-PARKER Renewable Edge SCISSORS is instantly restored!

In marked contrast to the regrinding and replacement expense involved in the use of conventional type scissors, B-P Renewable Edge Scissors provide amazing economies in time, convenience and money saved.

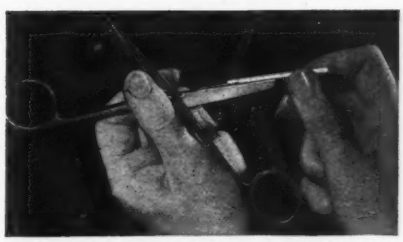
Here are the facts—

- Dulled edges can be instantly replaced with new, keen edges, at appreciably less than the normal cost of regrinding. Scissors can be serviced in 20 seconds . . . SAVES HANDLING TIME, LABOR.
- As B-P Renewable Edge Scissors need never leave the premises for resharpening, substitute pairs are unnecessary and a needless expense . . . CUTS INSTRUMENT INVESTMENT.
- There are no regrinding hazards, inconvenience or attending charges. No loss of temper of the steel. No replacements made necessary by constant regrinding wear . . . PERPETUAL CUTTING EFFICIENCY ASSURED.
- Every pair of B-P Renewable Edge Scissors are designed to afford 24 hour a day service . . . 52 weeks of the year. A logical choice for the CAREFULLY PLANNED BUDGET.

Ask your dealer

BARD-PARKER COMPANY, INC.
DANBURY, CONNECTICUT

Hold scissors wide open as shown. Slide edge on endwise, notch end first. Notch helps to start edge on slide.



When notch is properly engaged with slide, the edge will slip on easily as shown. Do not force it.

Use flat side of knife handle or other object to push edge home over snap lock, as shown. This protects the fingers.

A BARD-PARKER PRODUCT

AGA COOKER

is the money saving choice of Ontario Hotels & Hospitals

Aga's fuel consumption is the lowest in the world and it's guaranteed. Aga is always ready night as well as day. All Aga's cooking points are automatically at the correct temperature. And the kitchen containing an Aga Cooker is a cool, healthy place, free from fumes, cooking smells and oppressive, wasteful heat. No wonder leading hospitals and hotels choose Aga. Directors say this British made cooker cuts fuel bills unbelievably, sometimes by 50% when compared to other types of cooking. In most cases, this reduction in fuel costs has paid off the original cost of the stove in two to four years. Besides, there are no moving parts to cause repair bills!

AGA HEAT (CANADA) LIMITED, 34 Bloor St. W., Toronto, Ont
638 Dorchester St. W., Montreal—1227 Howe St., Vancouver, B.C.

Canadian Hospital Council

The Federation of Hospital Associations in Canada in co-operation with the Federal and Provincial Governments and the Canadian Medical Association.

EXECUTIVE OFFICERS

Honorary President:
THE HONOURABLE IAN MACKENZIE, Minister of Pensions and National Health, Ottawa.

Honorary Vice-President:
F. W. ROUTLEY, M.D., National Director, Red Cross Society, Toronto.

President:
GEO. F. STEPHENS, M.D., Superintendent, Royal Victoria Hospital, Montreal.

First Vice-President:
REV. H. G. WRIGHT, Halifax, N.S.

Second Vice-President:
A. K. HAYWOOD, M.D., Superintendent, Vancouver General Hospital.

Executive:
A. F. ANDERSON, M.D., Superintendent, Royal Alexandra Hospital, Edmonton.

R. FRASER ARMSTRONG, B.Sc., Superintendent, Kingston General Hospital.

J. H. ROY, ESQ., Superintendent, Hôpital St-Luc, Montreal.

Secretary-Treasurer:
HARVEY AGNEW, M.D., Secretary, Department of Hospital Service, The Canadian Medical Association, 184 College St., Toronto.

EDITORIAL BOARD

HARVEY AGNEW, M.D., Toronto,
EDITOR

R. FRASER ARMSTRONG, B.Sc., Superintendent, Kingston General Hospital.

J. E. de BELLE, M.D., Superintendent, Children's Memorial Hospital, Montreal.

A. K. HAYWOOD, M.D., Superintendent, Vancouver General Hospital.

S. R. D. HEWITT, M.D., Superintendent, Saint John General Hospital.

R. LAPORTE, Esq., Superintendent, Hôpital Notre-Dame, Montreal.

FRED A. LOGAN, M.D., Assistant Superintendent Medical, Toronto General Hospital.

MISS A. J. MacMASTER, R.N., Superintendent, Moncton Hospital.

FLORENCE STACEY, B.Sc., M.A., Director of Dietetics, University of Alberta Hospital (Dietetics Editor).

PUBLICATION COMMITTEE

A. J. SWANSON, Superintendent, The Toronto Western Hospital,
CHAIRMAN

J. H. W. BOWER, Superintendent, Hospital for Sick Children, Toronto.

GEO. A. MacINTOSH, M.D., Superintendent, Victoria General Hospital, Halifax.

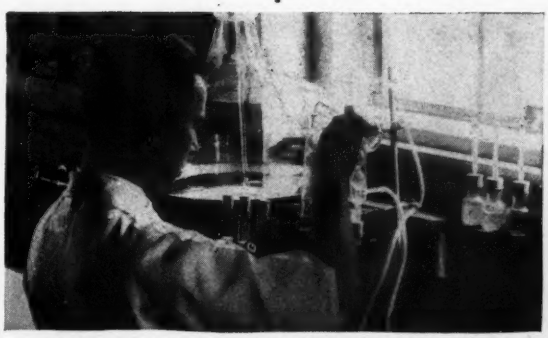
JAS. H. McVETY, Treasurer, Vancouver General Hospital.

CHARLES A. EDWARDS, Business Manager, The Canadian Hospital Publishing Co., 57 Bloor Street, West, Toronto.

PRODUCTS OF BAXTER LABORATORIES

BAXTER DEPENDABILITY

1



2

3

4

. . 21 tests safeguard the quality of solutions in Vacoliters

1. *Raw materials are all materials tested for suitability and purity.*
2. *All solutions are subjected to rigid sterility tests.*
3. *Research, experience and careful tests insure the absence of pyrogens.*
4. *Careful assay throughout, to precise standards to insure uniformity.*

Before Baxter solutions are shipped, their quality, sterility and freedom from pyrogens *are proved beyond question* by 21 rigid inspections and tests—chemical, bacteriological, and biological (with laboratory animals) requiring seven days to complete.

Lacking hermetically sealed containers, few hospitals can keep solutions for seven days, *the minimum period required to determine sterility.* Because of their cost, few hospitals make biological tests with rabbits, *the only reliable test for pyrogens;* or qualitative and quanitative chemical analysis of the solution, *the only sure way to check errors in compounding.*

Administration of solutions without these tests and controls can carry no assurance of safety or freedom from reaction, *and is unfair to both the patient and the doctor.*

Write for "Important Factors Often Overlooked in Cost of Hospital Made Solutions," a booklet that every administrator using hospital made solutions should read.

BAXTER LABORATORIES OF CANADA LIMITED, ACTON, ONT.

Sole Canadian Distributors:

INGRAM & BELL LIMITED

PHARMACEUTICALS, SURGICAL INSTRUMENTS, PHYSICIANS, HOSPITAL and LABORATORY SUPPLIES

MONTREAL - TORONTO - WINNIPEG - CALGARY

Designed

SPECIFICALLY FOR PRODUCTION OF DISTILLATE FOR PARENTERAL FLUIDS

★

Showing a pair of 5-gallon per hour single distillate stills, equipped with a recording conductivity meter. This instrument continuously records the quality of water as it is discharged from the still—instantly indicates the slightest irregularity in the product.

★ ★ ★

Simplicity is the keynote of this water still. With no complicated mechanisms whatever, it produces an excellent quality of distillate, and this quality is maintained routinely by daily cleaning of the evaporating pan, which attaches to the body of the still by a bayonet joint. Removing the pan as shown also exposes the heating coil for cleaning when required.

Correct regulation of the heat and water flow is made easy by use of a thermometer which gauges the significant factor—temperature of the condensing water as it leaves the still.

AMERICAN STERILIZER COMPANY

ERIE, PENNSYLVANIA

SALES OFFICES in New York, Chicago, Philadelphia, Boston, St. Louis, Pittsburgh, Los Angeles, San Francisco, Cincinnati, Atlanta, Dallas, Richmond
AGENCIES in Principal Cities in the United States • Represented in Canada by Messrs. Ingram & Bell, Ltd., Toronto, Montreal, Winnipeg, Calgary

4-Star Spring-Air Mattresses

Sold in Canada Only by These Leading Manufacturers

THE CANADIAN FEATHER & MATTRESS CO., of OTTAWA, LTD.
692 Wellington St., Ottawa

PARKHILL BEDDING LIMITED

Winnipeg
Regina, Saskatoon, Edmonton, Calgary

SLEEPMASTER, LIMITED
41 Spruce St., Toronto

VANCOUVER BEDDING LIMITED
600 West Sixth Avenue,
Vancouver

★ Comfort that Fits

Just as the glove should fit the hand, so should your mattresses fit the body. Spring-Air does. There is within the construction an automatic adjustment to both your weight and shape—making it seem that Spring-Air was tailor-made especially for you.

★ Ratified by Users

Laboratory tests are impressive —but it is the word of the user that counts! Spring-Air carries off the honors, whether it be in the laboratory, or on hospital beds. You neither experiment, nor take anything for granted, when you buy Spring-Air for your institution.

★ Scientifically Complete

You want mattresses that have all of the desirable features— smooth edges, upright sides, effective ventilation, efficient handles, stretch-proof ticking, etc. Spring-Air has them. They are real, not phony—functional, and not just ornamental.

★ Comfort for Keeps

To be fair to your patients, your mattresses should not only be comfortable, but they should stay that way. Spring-Air does. The construction does not weaken, nor lose its original comfort. It is guaranteed for as many as 15 years! Your patients will always enjoy the same freshening comfort as when the mattresses were new—never a letdown!

Write for full Particulars today!

KARR Guaranteed Spring-Air

THE MATTRESS WITH THE GUARANTEED KARR SPRING CONSTRUCTION

• CHINA •
SILVERWARE
GLASSWARE

We Specialize in Supplies for Hospitals, Colleges and Institutions

WRITE FOR QUOTATIONS OR VISIT OUR SHOWROOMS

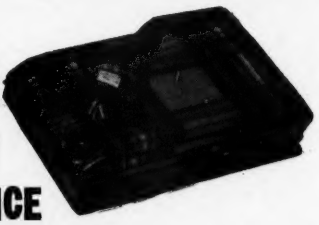
CASSIDY'S

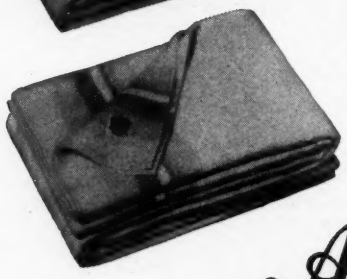
LIMITED

20-22 Front St. West, Toronto

ALSO MONTREAL — WINNIPEG — VANCOUVER

LONG DUTY COMFORT APPEARANCE





• You get everything you're hoping for in fine, pure wool blankets and overthrows by Ayers.

Warmth, lightness, appearance plus endurance for long hard service. Next time specify Ayers' and look for the famous seal of quality on every covering. They come in a fine range of colours and designs to suit every hospital purpose.

Ayers LIMITED

Established 1870 at Lachute, Que.

Here's another War Saving "Stamp"

"Serving by Saving" is a patriotic duty. It is a covenant of your determination to do your bit towards bringing the war to a successful conclusion.

When we say that the "Wear-Ever" stamp on the bottom of all "Wear-Ever" Aluminum Cooking Utensils is a "saving" stamp, we mean it is a pledge of long, safe, economical service in the home.

When Peace dawns, "Wear-Ever" will again take its place in the front line of Home Service.

"Wear-Ever"
Aluminum Cooking Utensils

ORTHOPLAST BANDAGES

- neat and time-saving
- make better casts
- completely saturated in less than a minute
- uniformity of setting time
- less waste - greater economy

MADE IN CANADA BY HOSPITAL DIVISION Johnson & Johnson LIMITED MONTREAL

World's Largest Makers of Surgical Dressings

CANNED FOODS AND THE PUBLIC HEALTH

I. Food in the Open Can

● One question commonly asked concerning canned foods is whether or not the contents of the can should be removed to another container immediately after opening. This question has its origin in the belief that if food is allowed to remain in the can after opening, it will absorb an injurious substance from the can and thus become hazardous to the health of the consumer.

For this belief there is not the slightest foundation of fact. Its origin probably lies in the old "ptomaine" concept of food poisoning. Why it should persist in the light of present day knowledge is a mystery. The belief that food must be emptied immediately from the can has been as thoroughly discredited as the "ptomaine" theory of food poisoning (1).

Food poisoning is usually caused by the ingestion of food containing certain bacteria or their metabolic products. It is in most instances, the direct result of improper preparation, handling, or storage of food (2) (3).

All canned foods are subjected to thorough heat treatment which destroys not only pathogenic bacteria and their products, but also the most resistant organisms which may cause spoilage. Consequently, the freshly opened can is the cleanest container in the average kitchen.

There is, therefore, no reason from the standpoint of food poisoning why the food must be removed immediately after the can is opened. In addition, food will spoil no faster or no slower in the open can than in any other open container. The same precautions should be used in its preservation as are used for any other cooked food.

With certain foods, it is desirable from the standpoint of quality to remove the food from the can. Such foods, usually those of an acid nature, may act slowly on the can after air is admitted and small amounts of tin and iron may be absorbed. The traces of these metals have been shown to be entirely innocuous (3), but iron in particular may impart a slight taste to the food.

Modern science has dispelled the old belief that, from the standpoint of health, food must be removed immediately from the can. The cooperation of the medical profession in dispelling this old and unfair prejudice against their products is earnestly solicited by the members of the Canadian canning industry.

AMERICAN CAN COMPANY

MONTREAL . HAMILTON . TORONTO

AMERICAN CAN COMPANY, LTD. . VANCOUVER

(1) Journal American Medical Association, 90, 459, 1573 (1928)

(2) Preventive Medicine and Hygiene, M. J. Rosenau, Appleton-Century Co., N. Y., 5th Edition

(3) Food-Borne Infections and Intoxications, F. W. Tanner, Twin City Printing Co., Champaign, Illinois

Harvey Agnew, M.D., *Editor*

The CANADIAN HOSPITAL

Toronto, September, 1941 Vol. 18 No. 9

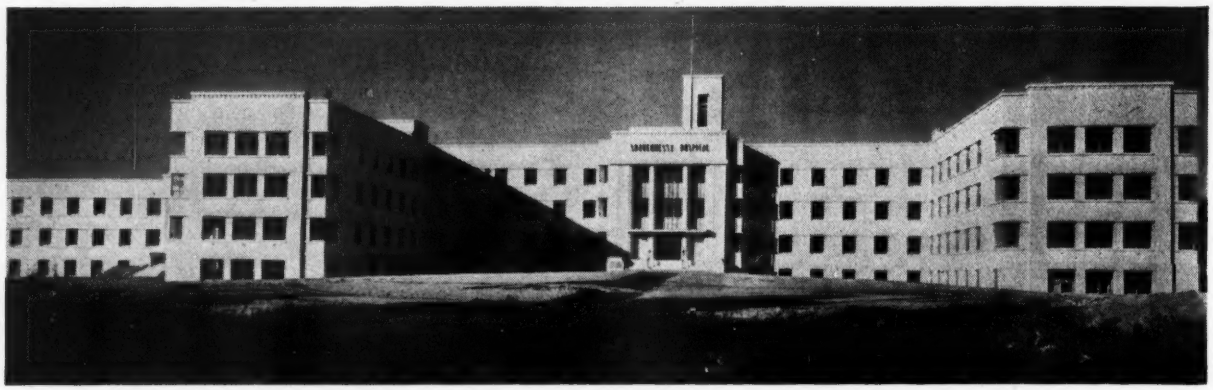
Prime Minister Opens New Shaughnessy Hospital

"SYMBOL of a new order, an order which places human values above all others", the new Shaughnessy Military Hospital at Vancouver was opened this summer by Prime Minister W. L. Mackenzie King. "No words of mine can express the gratitude of Canada to the men whom I see around me — men who still suffer the pains and wounds of the last war", said the Prime Minister. "Now we intend to see to it that those who serve in this war — a war to preserve humanity — are going to be cared for to the utmost of which the state is capable."

The new building, planned to combine beauty and utility, is of reinforced monolithic concrete, and was designed along modern lines, with a suggestion of classic architecture at the entrance projections. On each side of the main entrance to the hospital are two life-size stone carved panels executed by Miss Beatrice Lennie, the one depicting a surgeon and wounded soldier, the other a military nurse and sick soldier.

The project, which was built by the Public Works Department of Canada for the Department of Pensions and National Health, consists of two distinct buildings: the hospital proper and the administration offices of the Department of Pensions and National Health. The main hospital is in the shape of an "H", with the administration building extending on the frontage in the shape of an "L" on the north end.

The frontage line is 372 ft., the wings extending 200 ft., with a width of 47 ft. The ground floor area of the Administration Building is 8,262 square feet, cubic contents 309,825 feet, and the cost approximately



Front Elevation of the Shaughnessy Military Hospital

$124,000.00. The area of the Hospital Building is 30,982 sq. feet, and the cubic contents 1,350,116 feet and the cost $636,000.00, which works out at a rate of 47.10 cents per cubic foot. In considering this cost it should be remembered that the heating capacity, kitchen and dining departments, pharmacy, x-ray, therapy, dental, surgical, E.E.N.&T. departments, auditorium, stores and out-patients examination quarters accommodate services for a bed capacity of 1,000 to 1,200. This cost does not include sterilizers or equipment, but does include fees. The cost of building driveways, land drainage and ornamental lighting was approximately $16,000.00 and is included in the aforementioned cost.

The present bed accommodation of 247 can be increased in emergency to 376 by using the solariums and extra beds in large wards. The service facilities, planned as they are for both the old and new hospital and other buildings on the site, serve about 913 beds altogether.

The Administration Building houses the orthopaedic department on the basement floor. The ground and first floor are entirely taken up by the offices of the Pensions Department.

The Hospital Building differs slightly from that of the ordinary general hospital in that practically all its beds — large wards, semi-private and private accommodation — are used for male patients. There is however, a small group of rooms for sick nursing Sisters.

The ground floor of the hospital building is taken up by the kitchens, staff and patient dining rooms, various store rooms, the pharmacy, laboratory and morgue.

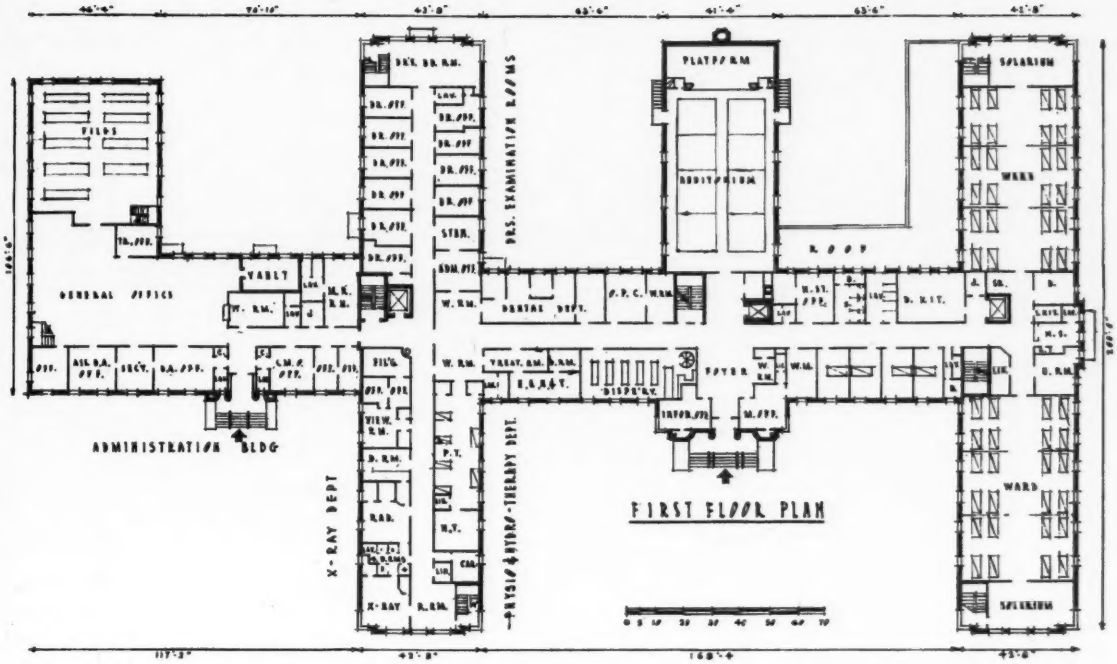
The most modern rest rooms and lockers are provided for the nurses, female help and orderlies on this floor. Showers and dressing rooms are also provided. In each locker room there are drying closets where, in the event of staff's outdoor clothes getting wet, they are scientifically dried and aired ready for use. The patients' clothes room is about 100 feet long by 16 feet. Patients' clothing is kept in individual lockers which are ventilated with an extract fan which keeps a current of fresh air passing continually through each locker. Provision has been made in a separate room to take care of patients' shoes, grips and parcels.

The north wing and centre portion at the left of the entrance hall on the first floor houses the x-ray department which takes up floor space 96 feet long by 16 feet wide. The physiotherapy, hydro-therapy, dental, and eye, ear, nose and throat departments are also on this floor. The balance of the floor space in the centre and north wing is occupied by doctors' consultation rooms (10), a common room for the doctors, an out-patients' clinic and the pharmacy department. The south wing of this floor is given over to wards.

The auditorium faces the main entrance vestibule and has seating capacity for 300 people. The ceiling is of sawtooth design with concealed lighting and is acoustically treated. A projection room provides for the showing of sound pictures and a public address system broadcasts from the stage to the wards. The auditorium is heated by a separate air conditioning unit under the stage.

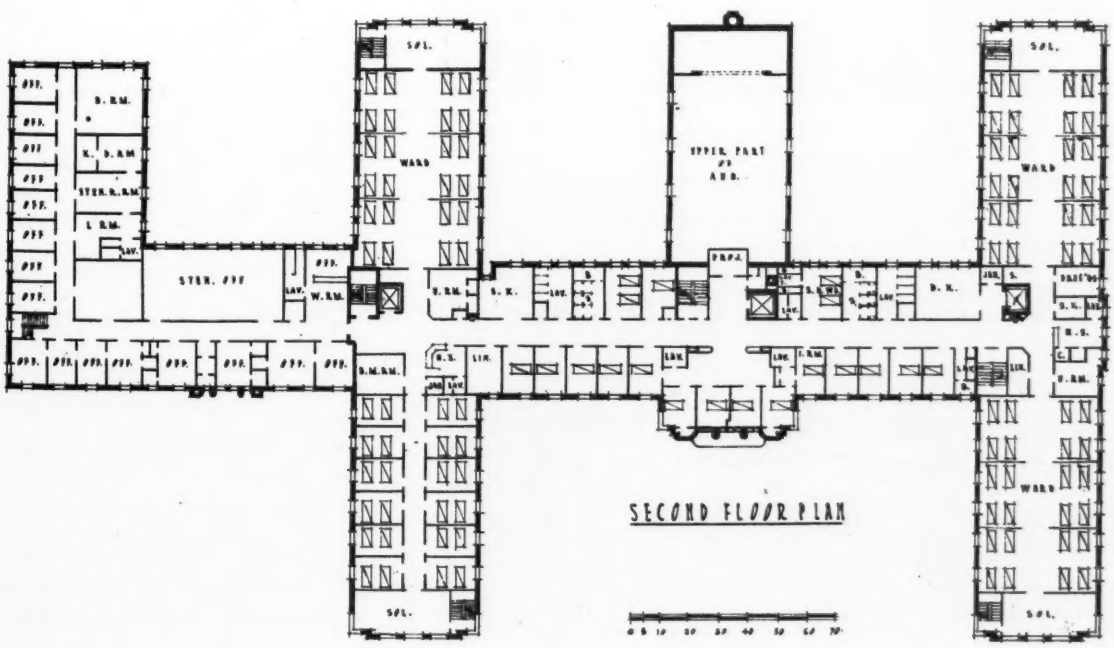
On the upper floors there are seven 24-bed wards, each subdivided into six 4-bed sections. These in turn can be divided off by an arrangement of curtains, so that each bed can be made private if the staff or patient so wishes. There are 25 two-bed wards, fifteen private wards, and

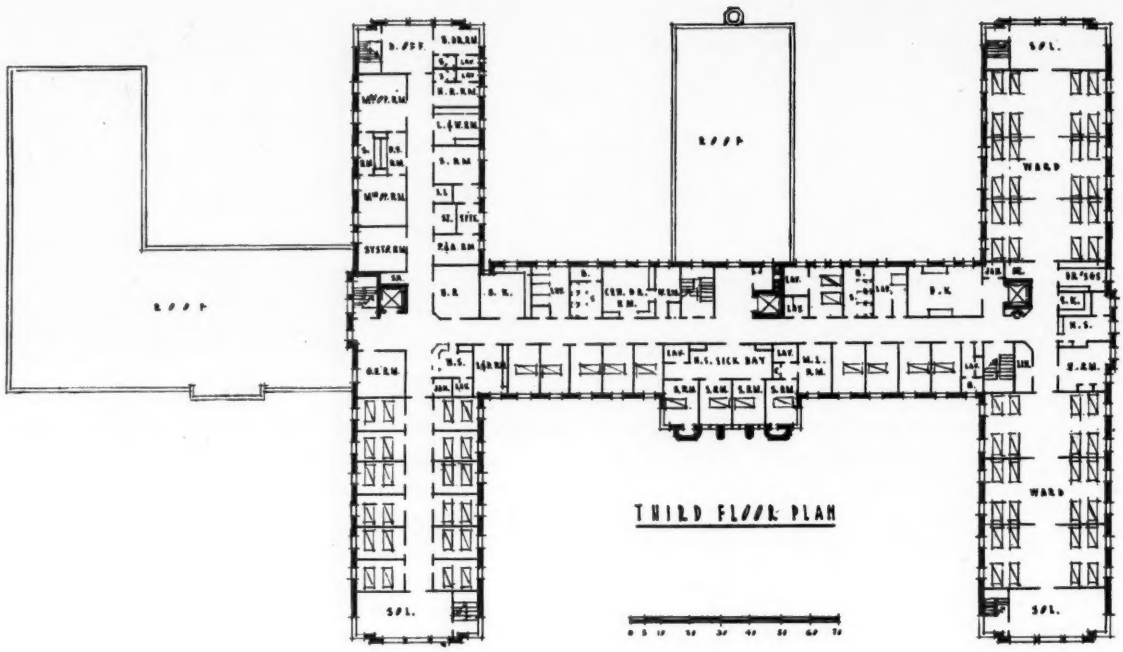
One of the 24-bed wards.

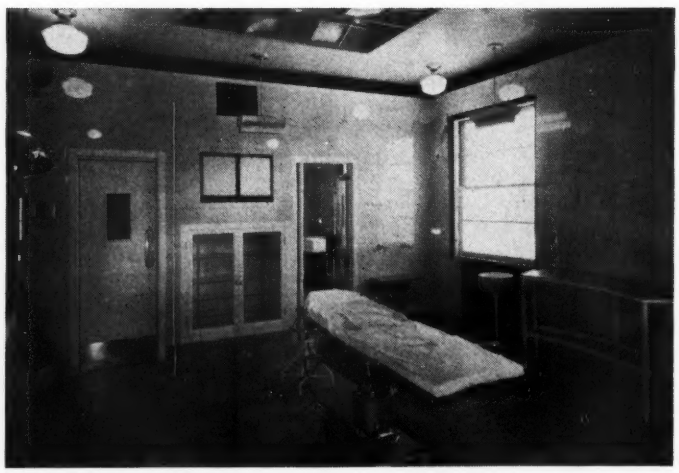


ABBREVIATIONS

Car.	Cardiographic Room	D.	Dressing Room	S.R.	Sewing Room
H.T.	Hydro-therapy	S. Kit.	Service Kitchen	Ftg. Rm.	Fitting Room
P.T.	Physio-therapy	J.	Janitor	L. Rm.	Locker Room
E.E.N.T.	Eye, Ear, Nose & Throat	B.M.	Basic Metabolism	Pat. Cl.	Patients' Clothes
Dr. off.	Doctors' office	G.U. Rm.	Cystoscopic Room	Rec.	Recreation
M. off.	Matron's office	N.R. Rm.	Nurses' Rest Room	O.R.M.	Orderlies Rest Room
W.M.	Ward Master	L. & W. Rm.	Linen & Work Room	M.R.R.	Matron's Rest Room
W.R.	Waiting Room	S. Rm.	Sterilizer Room	W. Rm.	Waiting Room
H.St. off.	Hospital Stores office	P. & A. Rm.	Plaster & Anaesthesia	D.R.	Dressing Room
S.	Showers	N.S.	Sisters' Sick Bay	S. Lin.	Soiled Linen
B.	Bath	Sr.	Stretchers	Pha. St.	Pharmacy Stores
D. Kit.	Diet Kitchen	L.S.	Leather Store	S.K.	Service Kitchen
U. Rm.	Utility Room	O. St.	Orthopaedic Stores	Inf. Lin.	Infected linen sterilzer
				Inc.	Incinerator







Two Views of the Operating Room

separate wards for skin and neurotic cases. At each end of each wing are spacious solariums with glass on three sides which, if so desired, can be turned into wards.

Accommodation has been provided for a Nursing Sisters' sick bay, and also suites for resident doctors and the matron.

The surgical department, which takes up about half of the top floor of the north wing, has a floor space 80 by 41 feet. Each operating room has a Holophane Multi-lens lighting system with a ceiling area of 14 by 6 feet, set flush with the ceiling. Each operating room is also provided with 6 germicidal lamps, which utilize ultra violet energy to purify the air after it has passed through the air conditioning units. Electric clocks operated from the master clock system are provided for each room. These clocks tick off the second and operate an audible signal at predetermined intervals to aid the anaesthetist. They may be reset to zero by the operator.

The floors throughout this department are terrazzo set off in 6-inch brass squares electrically welded at intersections and grounded. The walls to the entire height are faced with large slabs of green vitrolite as is also the sterilizing room between.

The roof of the centre portion of the hospital has a traffic deck for the

use of convalescent patients, with a guard rail around the parapet for protection. This deck can be reached either by the main elevator or stair.

The hospital has the latest and most complete signal and call systems and doctors' register. Radio arrangements include an earphone and a control box with a selector switch for three stations and a public address system for each patient. There are approximately 47 miles of electric wiring and 17 miles of conduit have been used to service the hospital.

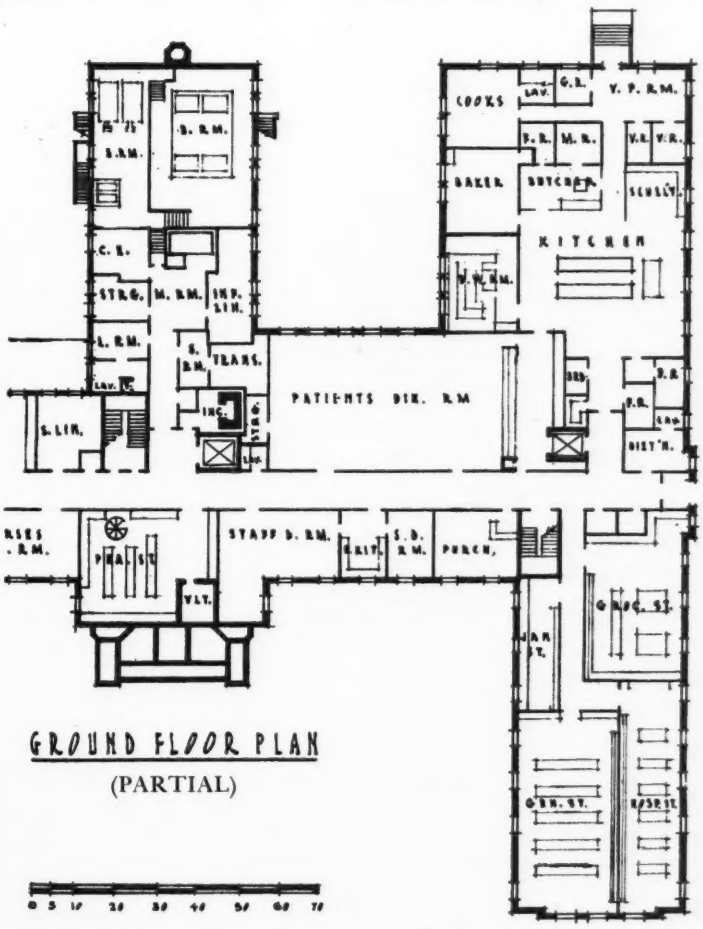
Corridors are laid with tile lino with terrazzo borders. Wards have floors of asphalt tile with a 5 foot strip of tile lino down the centre of the 24-bed wards. Some rooms have acoustical tile on the ceilings.

Interior View of the Auditorium

The heating of the buildings and domestic hot water is from two 3-drum water tube type boilers of 150 lbs. pressure each, reduced to 60 lbs. for sterilizers, 20 lbs. for cooking and drying closets, and 3 lbs. for general heating of the building. The zone control system, comprising eleven zones, will be the largest zone controlled heating system of any type of building in Canada to date. There are two 600 imperial gallon hot water storage tanks.

Mr. George C. Derby, the District Administrator of the Department of Pensions and National Health, has taken over the direction of the new institution.

Mr. Andrew L. Mercer of the architectural firm of Mercer and Mercer, designed and supervised the new hospital. The work was carried out under the supervision of Mr. Jack Mercer, acting as Master of Works.



GROUND FLOOR PLAN
(PARTIAL)

Rosenwald Grant to Continue to Aid Hospitalization Plan Studies

Dr. Rufus Rorem, Director of the Hospital Service Plan Commission of the American Hospital Association, has announced that the trustees of the Rosenwald Family Association have appropriated the sum of twenty-five thousand dollars to be given to the Hospital Service Plan Commission of the American Hospital Association for the calendar years 1942 and 1943. It will be recalled that the setting up in operation of this commission was made possible in the first instance by a very substantial grant of money from the Rosenwald Fund and the continuation of this support by the Rosenwald Family Association would indicate that the achievements of this Commission have amply justified a continuation of this assistance.

The Value of the Hospital Service Plan From the Viewpoint of the Hospital Trustee

Rev. A. J. MacISAAC,
Chairman, Board of Trustees,
St. Mary's Hospital, Inverness, N. S.

IN RECENT years there has been a tremendous change in the social mentality of our people. This change is especially marked in the direction of distributing responsibilities and of evening up costs, especially those that are of a social character.

Since the care of the sick is one of the most social of responsibilities —for health is not a mere personal matter but a vital concern of the nation—it is most natural that this change of mentality should interest itself in hospitalization. As a consequence there has been and is a widespread consideration of methods and means of hospitalization, with a great deal of attention being given to state hospitalization. This is a direct challenge to our voluntary hospitals for, if state hospitalization were adopted, it would mean the end of our highly developed voluntary system with the fine personal character of its services.

This change in the social mind cannot be ignored. It emphasizes the necessity of meeting the demand, of finding new methods of distributing the cost of sickness, and of making our hospital services available to all at a cost that all can afford to pay.

The hospital trustee is interested in solving the ever-present and acute problem of financing his institution and, what is more important, of improving the services to his people. It would seem that the most effective method of doing so, and at the same time satisfying this social demand, is by adopting an efficient group hospital service plan.

The experience with group hospital service plans, wherever they have been well organized and carefully administered in Canada and the United States, has been notably successful. If we follow the experience of these, with due regard for our own particular conditions and problems, there is every reason to believe that a group hospital service plan should be successful here.

In considering any group hospital service plan the hospital trustee will look for certain features in order that the interests of his hospital and people be safeguarded.

1. It must be set down as a fundamental principle that the proposed plan must be better than the method it is to supplant—both for the hospital and for the public. To quote from S. S. Goldwater, M.D., in the October 1940 issue of "Hospitals": "Unless a group hospital plan can do for its subscribers or cooperators something they cannot do for themselves, there is little excuse for its existence and less hope for its survival."

While the plans in many of the mining districts of Nova Scotia are by no means satisfactory in every detail, yet they provide their respective hospitals with very substantial revenues, and their subscribers with extensive services. Any proposed new plan must do at least as much for these hospitals and subscribers if it is to be adopted in these districts.

2. Since health is a social concern, the hospital service plan must distribute the cost of hospitalization as much as possible over all the people, rather than leave the burden to the sick who are the least able to pay. This requires the fixing of a subscription fee at a rate low enough to be within reach of the low income worker and at the same time high enough to assure the hospital of adequate payment for its services.

It might be advisable to have two subscription fees: a basic fee for which a subscriber is entitled to certain hospital services for a certain period of time; and a higher fee (perhaps double) for which he is entitled to extra services for a longer period of time. Such a system is at present in operation in parts of Nova Scotia and is satisfactory at least from the aspect of double-fee and increased service.

3. Any efficient group hospital service plan must necessarily receive the active and wholehearted support of:

1) Its member hospitals
2) The medical profession
3) Its subscribers

All of these groups must have representation on the governing board.

However, in order to ensure the successful operation of the plan, it is necessary that the hospitals control it. The hospital service plan is essentially a part of the hospital system. It is organized for the express purpose of making our health services freely available to the people. The hospitals have the responsibility of providing these services and they have the trained personnel and facilities to do so.

Should the control of the service plan pass to some group which does not understand the hospital's responsibility to the public, great harm will follow. It often happens that bodies that are organized for some public service fail to realize the true purpose of their existence and become a watchdog for a large accumulated reserve fund. Should that happen in the administration of our service plan (and it is within the realm of possibility) the hospitals would not be adequately reimbursed for their services and a lowering of the standards of hospitalization would inevitably result.

4. The enrolment of rural communities under the plan presents a difficult problem, not only in the matter of organization, but also of collecting subscription fees. A well directed and extensive educational

(*Concluded on page* 48)

Address presented at the Joint Convention of the New Brunswick Hospital Association and that of Nova Scotia and Prince Edward Island in July.

Financial Responsibility of Hospitals in Superannuation Plans for Hospital Employees

By S. H. CURRAN
Yorkton, Saskatchewan

THE problem of setting up or of outlining a plan for a superannuation or pension fund for hospital employees is a problem for an actuary or, at least one who has been actively in touch with a successful pension plan over a period of years and is fully aware of the requirements necessary to establish and keep a plan on a sound actuarial basis. These plans have many forms; in fact a study made in 1930 by an eminent authority indicated that there were in the United States and Canada at that time 420 retirement plans covering, or reported to cover, 3,750,000 employees and of these 158 plans were on an actuarial basis and funded.

There are also various plans underwritten by insurance companies. Apart from the railways the largest pension plans in Canada are those of the Canadian banks which have been in force in some cases for half a century. These plans are all based on contributions by both employers and employees; in the case of the employees, on a percentage of their salaries—from 2% to 6%—the banks contributing approximately an equal amount. These plans are all carefully examined by an actuary at periodic intervals, every 8 or 10 years, to insure their continuance on a sound actuarial basis. The banks do not permit women employees to become members of their pension scheme for the reason that only a small percentage are what might be termed permanent employees.

The form a hospital plan might take is one of the first considerations. Would it be divided into groups such as municipally owned hospitals, those owned by religious organizations and others, or would all hospitals in the Dominion participate and it be compulsory for all employees to become members? The entire organization could be administered from a central point, possibly with representatives in each province to deal with local problems. We all will admit the desirability, if possible, of devising some plan to provide for employees who could not be expected to set aside sufficient from their salaries nor have opportunities of building up a competence for their old age. Further, it is not wise to rush precipitously into a plan, as there are many pitfalls to be avoided. It would be most unfortunate to establish a scheme or plan that was not sound and would possibly crash in a few years.

The fact that possibly 80 to 90% of hospital employees are women and of these only a minority spend their employable lives with hospitals, makes it exceedingly difficult to formulate, or even suggest, a plan that would be sound and workable. There might be a certain amount of opposition from women employees, particularly student nurses and maids, to becoming members. Furthermore, most of them are paid such small salaries that their contributions would be negligible. Also, if the plan were compulsory there would be still further opposition if provision were not made, on their leaving hospital service, to obtain a refund of their contributions. If this were provided for, with the heavy turn-over in staff, it would seem that a pension fund would be on the brink of disaster most of the time, unless the employers were able to contribute with sufficient generosity to keep it bolstered up. There is a vast difference between one of the railway companies or a bank establishing a pension fund plan, and a hospital doing so, because they have a large number of employees in the one organization, whereas in the case of a hospital it means hundreds of separate organizations must be brought into line. Moreover one doubts if there would be any way to prevent them dropping out at any time they saw fit.

It is doubtful if the Roman Catholic hospitals would be interested as it is understood they have made provision to take care of Sisters and employees when they have reached the end of their working days.

The writer has brought forth most of the obstacles and drawbacks on the theory that it would give those who think otherwise an opportunity to refute them; if they can, it brings us a step nearer to the solution. One cannot help but think, however, that there are really too many obstacles to permit a workable plan being formulated. The chief difficulty being the exceedingly heavy turn-over in labour and the relatively short time that the vast majority remain in hospital employment.

Another tremendous difficulty would be getting the hospitals lined up to agree to any particular plan. It would be just about as difficult as getting the League of Nations to agree to a policy.

One would suggest that one of the larger insurance companies be approached and requested to formulate a plan which they would underwrite. It does not seem feasible for hospitals themselves to operate a pension or superannuation plan such as the banks and many industrial concerns operate for the benefit of their own employees.

Mr. Curran is a Past President of the Saskatchewan Hospital Association.

H. G. Wright to Saint John

H. G. Wright of Halifax, formerly of Inverness, Cape Breton, is leaving Nova Scotia to live in Saint John, where he will be district supervisor for the London Life Insurance Company. Although in the insurance field only a short time, he has already attained membership in the Efficiency Club of his organization. Mr. Wright is President of the Hospital Association of Nova Scotia and Prince Edward Island and is First Vice-President of the Canadian Hospital Council.

Press Relationships

As Seen by an Editor

GEORGE C. MURRAY
Publisher, The Pictou Advocate

ONE cannot emphasize too much the importance of a policy of intelligent co-operation with the press in any organization which is working for the welfare of the public. The newspaper is part of our daily life, yet some of us neglect one obvious detail when the success of an effort or plan depends upon cordial relations with the public. For it is the public we are dealing with, and if the public understands our aims and hopes and difficulties, it is much easier to obtain co-operation and support for a worthy cause. The Press is only the medium through which one may reach the public we are serving, and when we develop intelligent relations with the press we are merely doing our duty toward the people we hope to serve and from whom we seek support. Particularly does the speaker wish to break down, if possible, the prevalent idea that in assisting a reporter a favour is being done the Press.

Let me bring to your attention an example of what *not* to do. The secretary of a convention meeting here a short time ago was always too busy to "bother" with the press. Every time the reporters approached him he treated them as if they were beggars. At the annual convention banquet there were no places for the reporters, and it was only through the kindness of the manager that they obtained, afterwards, a few smatterings of information which went into inadequate reports of the proceedings. The result was that three speakers who delivered messages of the utmost importance at that time, and who designed their addresses to give the public a better understanding of problems to be faced, were heard only by a handful of persons. The speakers thought their announcements would be reported as a matter of course and I have no doubt they were quite disappointed when they found that they had fallen into the class of those who "also spoke".

Those of you who are gathered here to-day, engaged as you are in a great public service, should be especially conscious of the importance of improved public relations, just now when the care of public health is the first concern of the government.

In an address recently, Hon. Ian MacKenzie, Minister of National Health, stated that the cost of the Royal Canadian Air Force last year, including the great Air Training Plan, was two hundred and twenty-five million dollars. "But in that same year the cost to the Canadian people of ill health was more than two hundred and fifty million dollars", he declared.

It is estimated, he said, that on any one day Canada has 50,000 wage earners idle through illness. Much of this wastage is avoidable. "The responsibility rests squarely on the shoulders of the people. We have our individual responsibility and we have our collective responsibility as citizens. Public responsibility for the national health, he continued, is chiefly concerned with preventing disease. We do this by quarantine regulations, pure food laws, sewage disposal schemes, provision of pure water supplies, pasteurization of milk, and similar measures. To-day we see the stirring of a great movement towards health, the people's fight for freedom from disease, for the right to be born well and to live well", the minister declared. "Science has shown the way. It is for public opinion, and public leadership, to put to practical use the knowledge which has been acquired".

In my opinion this can be done only with adequate public relations. The public must understand what is being done by the medical and nursing professions, and why it is being done. In paving the way for important public health measures to come, and in gradually creating an understanding of the necessity and value of them, the Health League of Canada has done fine work. As an Editor, I would like to pay tribute to the late Dr. John W. S. McCullough, who in his writings for the League over a period of years, performed a great national service. Unlike most medical men, Dr. McCullough wrote in a language that was readily understood by the public.

So often hospital people speak of the difficulty of establishing friendly relations with the press. Frankly, I cannot see where there is any difficulty. Give the press a square deal and they will be more than willing to reciprocate. The reporters are out to get news. That is the way they earn a living. If we give them all the news that we can with propriety, they will appreciate it.

There are two main reasons why we have difficulty with the press. One is a survival of the old idea that it is unethical to indulge in any form of publicity. The struggle for an existence has done away with that idea. Publicity is now recognized as more than allowable. It is a necessity. We have to sell ourselves to the people we are serving.

A second reason for difficulty with the press is an unnecessary secrecy and a mistaken conception of the requirements of professional confidence. We cannot give out information about the particular illness of the patient, but when a major accident occurs or when a prominent person is hospitalized, how do we expect to conceal facts? If we do not give them out the reporters will get their information elsewhere and probably it will be wrong. The answer is to treat the reporters as friends. Then, when there is some item which you cannot divulge, tell them so frankly. They will respect your refusal if you have shown yourself as co-operative as the confidence of the patient will allow.

An address at the Joint Convention, Hospital Association of N.S. and P.E.I., and the New Brunswick Hospital Association, Pictou, July.

The Canadian Military Nurses' Home which was officially opened by the Hon. Vincent Massey, High Commissioner for Canada in England.

Hospital Employees May Enroll in Ontario Plan for Hospital Care

Hospital employees are now eligible to be enrolled as regular members of the Plan for Hospital Care in Ontario. Owing to the fact that hospitalization of hospital employees is considerably higher on the average than that of other subscribers, there has been reluctance on the part of many hospital care plans to accept hospital employees. By the method adopted by the Ontario Plan, such employees can be enrolled without throwing additional cost on regular subscribers.

When the employees of a hospital are enrolled, it has been arranged that, if the amount paid by the Plan for hospitalization of these employees and dependants, either in their own hospital or in another hospital, exceeds in any one year the total amount paid in premiums to the Plan for such hospitalization the hospital shall pay the Plan the amount of such excess. On the other hand if the amount paid by the Plan for the hospitalization of these employees and their dependants is less than the amounts paid in premiums, then the Plan will pay the difference back to the hospital.

Whether or not the employee or the hospital pays the premium is a matter of arrangement in each individual hospital. When such employee is hospitalized in his own hospital or elsewhere, the hospital rendering the service will be paid at the regular rates paid by the Plan for hospitalization.

By this arrangement hospitals and their employees pay for no more than the actual amount of hospitalization provided. By this arrangement, too, the hospital receives compensation for hospitalization now usually provided without charge; the employee has the privilege of obtaining hospitalization for his dependants and the other subscribers are not penalized by the inclusion of a high-hospitalization-rate group, because the only incidental expense to the hospital plan would be the cost of administration, which should not be large.

Lt. Col. J. C. MacKenzie Receives Appointment

Lt. Col. J. C. MacKenzie, R.C.A.M.C., has been appointed to command a Canadian General Hospital overseas, according to an announcement made by the Department of National Defence. Lt. Col. MacKenzie went overseas a year and a half ago.

Air Raid Precaution and Passive Defence

MAJOR R. C. MACDONALD
Commandant No. 2 Area, C.V.C.

RECENTLY control of A.R.P. work throughout the Dominion was placed under the Minister of Pensions and National Health, with power to delegate his authority. The result has been that in New Brunswick and in some other provinces the Minister authorized the premiers to assume and delegate full authority.

In spite of the fact that long range bombers are crossing the ocean like flocks of geese and that every now and then a raider with escort and supply ships temporarily eludes our navy, the general public are not fully awake to their danger; the busier people are with their own particular affairs the harder it seems to get them to Stop, Look and Listen. Even among some doctors and hospital staffs there seems to be an attitude of "when it happens, we'll be there doing our very best".

However, if we have gained anything outstanding from the past long and anxious months it is that whole hearted efforts are of little avail unless preparations and plans have been projected long before these efforts have to be put into operation.

Danger of Complacency

I wonder, too, if we do not adopt a too complacent manner. I have heard people express the opinion that we were "winning the war hands down" and that there was nothing to worry anyone in Canada in the way of personal danger at least. Over-confidence is a sure road to defeat. Remember how sure we were that France's army was superior to Germany's and that we only had to help from sea and air?

Surely it must be realized that this is a war in which to win we must not spare anything in the way of preparation and precaution. Don't let us count too much on winning the last battle—there is a long, long, road to be paved with victories before the present war can be successfully concluded.

Plan of Organization

In New Brunswick all A.R.P. and Civilian Passive Defence work comes under the New Brunswick Civilian Volunteer Corps, originally incorporated by Provincial Order-in-Council and headed by the Premier J. B. McNair as General Chairman.

The province is divided into 8 areas, each under an area commander with a second in command. All of these are men who served in the last war and all serve without pay.

In each city, town or village, there is a general chairman and chairmen of committees controlling billeting (for civilians and militia), transportation with civilian vehicles for military or civilian casualties and evacuation work. Protection is provided by A.R.P. wardens to enforce lighting restrictions, police to clear

(*Concluded on page* 40)

LEST THE BOMBERS COME!

Are your fire arrangements the best possible?

Can certain existing fire hazards in or near the hospital be removed?

Have you tested your fire apparatus regularly?

Have you had fire drills? Other drills?

How quickly will those not on duty report?

Has your staff a definite plan for evacuating patients from the hospital? Has this plan been tried and will it work?

Has your staff been trained in the handling of incendiary bombs, protection against gas, and decontamination of gassed patients?

Have you a room set aside for decontamination work?

Does each member of your staff know his or her action station in case of alarm by day or night?

How many extra beds can be put in?

Where can you get these beds?

Do you keep a list of less serious patients who could be sent home without ill effects?

What other buildings could you fit up and staff?

Have you considered substitute buildings to replace your present quarters, either in town or in a suburb?

What provision have you made for emergency lighting in case of failure of the electrical system?

Have you made provision for covering windows to screen electric lights if necessary?

How vulnerable is your water supply system?

What arrangements have you planned if the present supply failed?

Has your staff full knowledge of the A.R.P. set-up in your locality?

Do they know just where they fit into it?

If there is no A.R.P. in your town, have you made plans so that, on its introduction to your area, you can quickly function?

If not under A.R.P. have you made plans to receive patients from A.R.P. areas?

Post Graduate Courses:

Why Not for Hospital and School Administrators?

From the Report of the C.H.C. Committee on Nursing and Nurse Education—Miss K. W. ELLIS, Chairman

FOR a number of years it has been recognized by many that graduation is only a commencement for nurses, as signified by the term appropriately applied to graduating exercises in many American schools. With the advances of science, a growing tendency towards specialization and a field of activities extending in all directions, it is no longer possible, in three years, to give the nurse the sound foundation that she requires and also to prepare her as an expert in any of one field, and yet this is what she is so often asked to be. Supervision has taken on a new meaning. To be an efficient operating room, obstetrical, medical or surgical supervisor calls not only for specialization in the particular field, but in the art of imparting knowledge and of supervising. How much more truly can special preparation be regarded as essential for those undertaking duties in the fields of public health and instruction, or more especially hospital administration. Experience is still a good and necessary teacher, but learning by trial and error has long ago been proved too slow and costly a method.

Since easy exodus to the States is not longer possible, post-graduate work has become an acute problem for nurses in Canada. A superintendent of Nurses asks this question: "Would it be advisable to suggest that in this report that executives in a few of the larger hospitals be asked to co-operate with the officers in the Schools of Nursing in organizing satisfactory post-graduate courses? There is certainly a need for these."

It is encouraging to read the announcements of new developments in this direction as they appear from time to time.*

The statements received by this committee from representatives in the nine provinces evidence that, with few exceptions, the courses offered in Canada at the present time are little more than additional experience, often undertaken under very definite pressure of hospital service, and as one means of providing for this. An arrangement that is entirely unsatisfactory to both hospital administrators and to the so-called post-graduate student. Superintendents of nurses in a number of hospitals have made valiant efforts to share the additional experience which they have to offer with graduates from other schools, again others have not felt justified in even suggesting this type of post-graduate work. In many instances, the experience offered has been frankly suggested in lieu of something better and the nurse has benefitted by it. However, any course taken after graduation from a school of nursing without regard to purpose or standards is not post-graduate work. It has been truly stated that: "as long as there is no clearly defined area that constitutes post-graduate education, and no generally accepted standards, who knows what a certificate from a post-graduate course means? Yet all too often a nurse is lured into taking a course by the fact that she is to receive a diploma or certificate, the value of which may sometimes be largely determined by the quality of paper upon which it is recognized, and the size of the seal that adorns this."

As is seen in the summary of the courses offered, Universities are doing much to assist in the development of post-graduate work, but this is not enough. As with other forms of nursing education, carefully planned and appropriate hospital experience is also essential to success. It is hoped that this will be another link in the growing tendency for hospitals and universities to draw nearer together for the benefit of the student.

We list six questions asked by Miss E. Foster at the meeting of the N.L.N.E. in 1939 and set up for this purpose, as one set of criteria by which a Post Graduate Course may be measured. These are questions:

1. Does it give preparation for professional service in some special field of nursing?
2. Does it represent progressive development beyond the point of the generally accepted basis course? (Or are the graduates being re-exposed to work on an undergraduate level?)
3. Is the entire curriculum planned with a view to giving students a real opportunity to develop professional skill in relation to the responsibility they will have to assume in their chosen field?
4. Does it require the type of mature and independent work that should characterize advance study?
5. Are students admitted on a selective basis which is set up in terms of qualifications and capacity required by the positions for which they are preparing themselves?
6. Are students graduated on the basis of achievement of the required professional competency?

Just as there is need for preparation for the dietitian or nurse specialist, so the administrator should come prepared for his job. Otherwise he or she is at the mercy of traditions and of many groups.

* Munroe, Fanny C: A New Post-Graduate Course, The Canadian Nurse, May, 1941.

Why Not For Hospital and School Administrators?

It has been noted that the University of Toronto School of Nursing is taking a forward step in instituting another course in Hospital Administration.

A real authority in such matters has said that in the last few years in quite a number of Canadian hospitals which formerly had nurse administrators, these duties have been taken over by business managers, the nurse directing solely the nursing end of the work. It has been estimated that in the States now over 20% of the administrators have taken at least one refresher course in administration, while only a handful of Canadians have had this special preparation. This comment is no reflection upon the excellent work that is being done by numbers of administrators without special preparation. The most intelligent of these would be the first to support the need for post-graduate work.

Just as there is need for preparation for the dietitian, teacher or nurse specialist, so the administrator should come prepared for his job; the only difference being that much more is expected of the hospital administrator who has to cover the whole field of activities as the co-ordinating head. Unless the administrator has some special preparation, he or she is at the mercy of traditions and of many groups.

In dealing with this subject in "The Fundamentals of Administration for Schools of Nursing", we find this paragraph:

"In the early days, each person who assumed administrative responsibilities used his own methods, it came to be believed that administrative ability was instinctive — that administrators were born, not made.

"The present day student of administration is a student of applied science, because administration is no longer a haphazard process. It is built upon definite principles. The successful administrator is an expert in social relationship and in the leadership of idea. It has been aptly said that he leans on the big idea, rather than on the big 'I'."

Already much has been said and written about the need for special preparation for school administrators and others who are immediately responsible for the teaching and guidance of students. Again we are indebted to Miss Agnes Macleod for the rousing article entitled "Nursing Education in Canada—1940," published in the October issue of the *Canadian Nurse*. To quote from it:

"One-fifth of all student nurses in Canada are being instructed in hospitals having a bed capacity of less than one hundred: Out of 175 superintendents of nurses 86 have had a preparatory course in either teaching or administration; 44 instructors have not had post-graduate or University courses in teaching; in fourteen schools full time instructors are not employed." This is not a happy picture, nor one with which nurses can be satisfied. Those who are responsible for the administration of hospitals should be informed of it and are earnestly asked to review their individual situations. However, for the really pessimistic we recommend that Miss MacKenzie's reply to Miss Macleod's challenge—"Fire Among the Heather,"† be read as an antidote and stimulant, not as a placebo. We all know the enduring quality of heather and are somewhat reassured. Viewed against the background of the accomplishments of the past ten years, nurses are confident that with the intelligent and sympathetic support of Boards of Directors and Superintendents and an understanding laity the profession will continue to move forward — Towards Better Nursing.

Merseyside Hospital Council Carries On

This striking illustration with its vivid red background forms the cover of the last report of the famous Merseyside Hospital Council, sponsor of the famous "Penny in the Pound" plan for hospital care. Not only is this fine body carrying on with even greater activity, but last year the Council raised £280,284, an all-time record. By asking this year not only a penny per week for every £ salary, but for every part of a £ as well, a relatively small increase per individual, the receipts were increased at the rate of over £40,000 a year.

† MacKenzie, Norene: Fire Among the Heather. Canadian Nurse, February, 1941.

(*Continued on page* 48)

X-Ray Services

By H. R. CORBETT, M.D.
Glace Bay, N. S.

THE inclusion of this subject in our present consideration of hospital problems is significant of the recognition that hospital boards and administrators are now giving to the importance of radiology, and its direct bearing on hospital services.

Criteria of Adequate Radiological Service

By what criteria is a hospital board to decide whether the services are adequate or inadequate?

1. Size of the Hospital

In the case of the small hospital — up to 100 beds — and those of moderate size—up to 300 and 400 beds, the problem that presents itself is largely a financial one. Institutions often gradually increase their bed capacity without making an appreciable addition to equipment. Perhaps the old apparatus "does the work" to the satisfaction of the inexperienced, but obviously it is not equipped to produce work with standardized and uniform good results. In order to carry out good work, up to date equipment is necessary. The public are not slow to observe and remark on the comparative efficiency and scope of equipment.

2. Location of Hospital

On the locale of a hospital depends to a large degree the amount of referred outside x-ray work. In industrial communities such as Sydney and Glace Bay, fully 75 per cent of the work is on non-hospitalized patients.

3. Does the Hospital Serve as a Diagnostic Centre?

In recent years in this province, divisional health officers make use of their portable x-ray equipment in rural districts and small hospitals are only called on when local clinics are conducted. In the interests of the hospital, abuse of these free services should not be allowed to creep in; that is, people who can well afford to pay the usual fee of $2.50 for a flat x-ray film should not expect to get it free of charge. Cancer clinics which are held in large centres do not affect small places as such facilities for treatment are only located in a central point.

4. Has the Hospital a Full-Time or Part-Time Radiologist?

It is an established fact that not only is a more comprehensive diagnostic service available where a radiologist is in charge but there is also increased volume of work. The reasons are quite obvious—patients who can afford to go to a large centre remain at home, the radiologist in consultation with the staff physicians encourages more x-ray investigation and the people are anxious to avail themselves of the diagnostic service.

The Technician

In the early years of this century, when radiology was struggling for its very existence and seeking to carve a niche for itself in medical science, the burden of carrying on the work fell to the lay physicists and photographers. Very soon it was realized that medical knowledge was essential and many of the pioneers as Percy Brown, Walter Dodd and others took up the study of medicine.

To-day x-ray technicians hold an important place in medical technology, their worth is recognized and they have organized strong associations which are encouraged by the radiological societies. A good technician can give vital assistance to the radiologist and do much to aid or weaken the latter's reputation. To-day the specialist is more or less dependent on his technician for the production of work of satisfactory diagnostic quality.

Supervision of the Technician

Where there is a radiologist in charge, the technician acts under his supervision and is responsible for the standard of work done in that department. On the other hand, smaller hospitals without this specialist service are at a disadvantage when the quality of this work is under consideration. The superintendent can hardly be expected to provide the answer unless she has been trained in x-ray technique. The medical staff, some of whom may have a superficial knowledge of radiology, usually exercise remote control but they may offer criticism without any constructive suggestions to follow. All too often the burden of responsibility falls on the shoulders of the equipment corporation's travelling representative to check on film quality from time to time, suggest proper technique and discuss vital problems. This service is a valuable one and indicates that personal interest can not end with the sale of x-ray apparatus.

In view of the above remarks, what have we to offer in the way of securing satisfactory technical assistance? The problem has been given due consideration by the Canadian Medical Association and the Canadian Radiological Association. Several provinces have technicians' societies and it is anticipated that in the near future they will be linked by a dominion-wide association.

(*Continued on page* 48)

It is strongly recommended by the Committee on Safety of the American Roentgen Ray Society that x-ray workers receive three weeks to a month vacation time. This should be spent as much as possible out in the open in order to counteract the deleterious effects of the rays. In spite of shock proof enclosed equipment, scattered radiation due to back scattering is harmful over a long period. Also technicians should have yearly blood counts.

Obiter Dicta

Internship Schedules and the Speeding of Medical Graduations

THE extent to which hospital internships may be altered to meet temporary war conditions is still far from clear. Last May at a conference of representatives of the various medical schools, warning was sounded that, in view of the increased need for young doctors, the medical schools might endeavour to graduate three classes in twenty-four months, instead of two, and it was stated that, if this be arranged, hospitals would probably be asked to set up eight months' schedules so that the recent graduates could have this practical training before going into the Defence Forces or into civilian practice.

Since then it has been found that this whole movement is linked with the necessity of obtaining funds for these students, a large number of whom require either loans or some time between sessions to earn money. Preliminary negotiations for a federal loan broke down, but some weeks ago the Joint Advisory Council on Medical Education, Hospitals and Licensure, meeting in Winnipeg, strongly urged the government to consider making this loan. It is contended that if medical graduates are badly needed as stated, such loans, say at three per cent, would be more than justified, for they would be closely supervised and would not be gifts but merely loans with excellent assurance of repayment. The amount involved would not be large; the largest of the medical schools on survey finds that less than $40,000 would be all that would be needed for all students above the first year requiring assistance. In view of the huge amounts being spent on other war activities, spent with no chance of repayment, the total amount required would be of little comparative significance.

If these loans are authorized, it is likely that the majority of the schools will take early steps to speed up schedules right back to the earlier years. In the meantime each school is on its own. Alberta students will graduate in February, Western Ontario in March, Toronto in April, Manitoba, Queen's, McGill, Montreal, Laval and Dalhousie in May. The Dominion Council examinations will be held twice, at the end of March and at the end of May. These dates may fix the time when most interns can report. Appointments of graduates of the different schools will need to be as of when they are available. What about the present interns who have contracts to the end of June, 1942? We do not clearly see daylight, but it is quite probable that there will be so many of the present interns wanting to enlist that there will be many opportunities for hospitals to use the new graduates as soon as available in the spring. This arrangement is far from satisfactory, but war needs come first. We are fortunate that, unless the need becomes much greater, it is likely that Ottawa will continue to encourage the young graduates to finish their junior internship at least before enlisting.

Physical Check-Up of Trainees Gives us Food for Thought

THE results of 50,000 medical examinations and certificate forms analyzed by the Department of National War Services and reported elsewhere in this issue give a most valuable picture of the health of a representative group of our young men averaging 22.5 years of age. That a large percentage would require glasses is not surprising, for in this respect *homo sapiens* has not adjusted himself to the eyestrain of our type of civilization. It is doubtful if he ever will, inasmuch as the wearing of glasses is no deterrent to marriage or to the earning of a living, as is the case with many other defects, and so prevents the operation of the Darwinian law of the survival of the fittest and its resultant adaptation to environment. It is interesting to note, however, that while defective vision was found in 18.83 per cent in London, it was found in only 7.31 per cent in Quebec.

Nor was it surprising to find nasal and ear trouble high on the list. The "Canadian disease", sinusitis with other nasal and aural conditions, can but be expected with overheated homes, schools and offices and with little attention paid to humidification. It is interesting that nasal trouble was low in the Maritimes, although not far from the average in British Columbia.

One regrets, too, to see so much gastro-intestinal disability. The incidence was variable; 12.96 per cent in the Quebec area, Port Arthur area almost as high and Toronto quite low at 3.21 per cent. With our modern knowledge of diets, there seems but little excuse that 8.49 per cent of our young men should have gastro-intestinal disorders. As is well known, the number of men being discharged from the Forces for peptic ulcer is alarmingly large and strongly suggests pre-enlistment disturbance. One wonders how much of this can be attributed to heavy smoking and to the common practice of irregular nibbling, or of washing down a hot dog with one of the less desirable bottled drinks.

Foot trouble, too, should not be so high. It is a disgrace to our civilization that we have so many cases of

fallen arches, hallux valgus, bunions and other defects. Faulty shoes must bear much of the responsibility, although faulty types of exercise contribute a share. One hesitates to contemplate the results of examining the feet of 50,000 young women. "Rheumatism" might seem to be highest in the province of Quebec, Quebec City area having 13.88 per cent and Montreal having 10.3 per cent, the average for Canada being 7.7. Here the Maritimes and British Columbia were comparatively low. That bronchitis and asthma should stand fourth (7.71%) suggests a sensitivity to environment that is far from sound. It was pleasing to note, however, the remarkably low incidence of the venereal diseases, particularly syphilis.

Hospitals and Publicity

IN setting up this Journal we were struck by a paragraph in Mr. Murray's excellent article on "Press Relationships". He refers to "the old idea that it is unethical to indulge in any form of publicity. The struggle for an existence has done away with that idea. Publicity is now recognized as more than allowable. It is a necessity. We have to sell ourselves to the people we are serving." In a general way this statement is one that can be supported, for reasonable publicity has a definite place.

At the same time, hospitals and the professional groups associated therewith must keep in mind that there is a clearcut dividing line between ethical and unethical publicity. Publicity and advertising are media whereby a product or service of mediocre quality may be enabled to compete with and outstrip articles or services of greater worth. Popular advertised articles are in a far different category from hospital services where there can be such a tremendous and serious variance in the quality offered and where indiscriminate publicity can do much to becloud the real difference in value between the institutions.

The forthcoming Code of Ethics for hospitals definitely encourages, rather than discourages, publicity. It does emphasize, however, the importance of guarding against issuing information about patients without their consent, of violating the professional codes of ethics of the doctors and nurses, or of hurting competing hospitals by direct inference or comparison. "At all times there must be strict adherence to the truth, unadulterated either by exaggeration or by incomplete and misleading statements." The type of publicity most effective, whether by press, radio or satisfied patient, is the one with lasting rather than evanescent or repercussive qualities.

Charles B. Moulinier, S. J.

IT is with deep regret that hospital workers throughout this continent have heard of the death of the Reverend Charles B. Moulinier, S.J., at West Baden College in Indiana, on August the 1st. The name of Father Moulinier has long been a byword in the hospital field, for few individuals have been as privileged as he in laying the foundations for the present highly efficient hospital system on this continent. Long an outstanding and enthusiastic supporter of the work of the Sisters' hospitals, he will always be remembered as being the founder of the Catholic Hospital Association of the United States and Canada, an organization which he was privileged to see develop into its present strength. The highly beneficial standardization programme of the American College of Surgeons has owed a great deal to the timely support given to it in its infancy by Father Moulinier. The standardization movement received tremendous impetus in its formative period from the sisters' hospitals and much of this enthusiastic support, frequently achieved only at considerable cost and with much reorganization, can be traced back to Father Moulinier's leadership among his hospitals. Week after week and month after month, Father Moulinier and Dr. MacEachern jointly conducted their barnstorming campaign from centre to centre, stirring up interest in a movement which has meant more than can ever be realized to the sick people of this continent. Everyone, whether Protestant or Catholic, concerned with the welfare of the sick or the advancement of scientific medicine, will long revere the name of Rev. Charles B. Moulinier.

Refresher Courses in Administration

NINE years ago the first institute on hospital administration was held in Chicago to meet the obviously increasing need for refresher courses for hospital adminstrators. Last month 96 enthusiastic registrants from all parts of North America, South America, Hawaii and Asia, swelling the number who have taken this now famous Chicago Institute to 1,059. Hundreds more have taken the institute or refresher courses which have been set up on the west and east coasts, in the middle west and in the south. Well over one-fifth of the adminstrators on this continent have taken these courses. The University of Toronto has conducted a short course on hospital administration for nurses for several years now and it is pleasing to note that there is a possibility of a course being held in the Maritime Provinces.

The guiding genius of the Chicago Institute has been Dr. M. T. MacEachern, ably assisted by officers of the American Hospital Association, the American College of Hospital Administrators and other bodies. A remarkable programme of lectures, demonstrations, round tables and tours makes this Institute a memorable fortnight, and the pattern developed in Chicago has been a guide to the other fine regional institutes set up elsewhere. It has been very gratifying to note among the registrants for several years back prominent hospital administrators and government officials from a number of Central and South American countries. The Mexican government this year sent one of its most prominent hospital administrators, Luis Alejandro Villasenor. Particularly pleasing has been the spirit of downright enthusiasm and keen enjoyment. A surprisingly large number of registrants have attended for several years and it is a manifestation of this spirit that a great alumnae dinner gathering of institutes of all years is being planned for the Atlantic City meeting this month.

With the Hospitals in Britain

By "LONDONER"

C. E. A. Bedwell

Dear Mr. Editor,

Although the London County Council has heavier responsibilities than any other local authority under war conditions it has successfully accomplished two reforms of far reaching importance which will be recognized when peace provides the opportunity. The first was the re-naming of all the Public Assistance Committees and officials with the title of Social Welfare. Not for the first time will the L.C.C. have demonstrated that there is a great deal in a name. The Guardians and the Poor Law were superseded ten years ago by the County Council with its committee administering public assistance, but there still remained some of the prejudice attaching to the former state of affairs. The new title establishes an entirely different orientation of the relationship between the local authorities and the citizens who may be in need of some kind of help in the difficulties. Under the damage and distress of aerial warfare a number of self respecting independent members of the community have been obliged to obtain the aid provided by the State through the local authorities. The importance of this change has been rapidly recognized and local authorities throughout the country are adopting the new nomenclature.

The second reform, apparently also only an administrative detail, has come about almost by accident as its immediate cause. It was due to the retirement of the able chief officer, Mr. Richard Henry Curtis, of the Mental Hospitals Department of the London County Council. The opportunity has been taken to bring the mental as well as the general hospitals under the unified direction of Dr. W. Allen Daley who thus becomes the head of the largest hospital service in the world with thirty-seven thousand beds for general and thirty-four thousand for mental patients. The effect is to provide on a large scale the relationship of mental treatment to physical disease which is found in miniature in the new York Clinic at Guy's Hospital in London and the Nichols Memorial Cottage at the new York Hospital, Westchester Division.

Maudsley Hospital

This new departure marks a further development in the work which has been done at the Maudsley Hospital so well-known to many of your readers for its humane outlook upon those mentally distressed. Unfortunately the war has made it necessary to put the beds out of commission but the staff have been transferred to two hospitals in the suburbs where the work continues. Out-patient work still goes on at the Maudsley Hospital. The admirable organization of linking the consulting staff with general hospitals where their advice might be needed and of establishing out-patient clinics in different parts of the metropolis cannot be extended for the time being. Even more serious is the disturbance of the research work which had found such an admirable milieu in the Hospital. The sympathetic and generous interest of the Rockefeller Foundation had induced great hopes that we might make some advance in mental medicine which in some respects still remains almost a terra incognita. The Foundation, however, has consented to continue its grant on a reduced scale and in spite of present difficulties arrangements are being made to carry out some portion of the programme.

War Conditions

It may even be argued with some force that war conditions provide particularly favourable opportunities for research although residents in bombed areas are not showing anticipated signs of mental disturbance. Observers, however, are noting that children in bombed areas are not affected mentally so much as those in reception areas, due, it is thought, to separation from home and parents. Good work has already been done at Maudsley Hospital in the investigation of mental ill-health in relation to social conditions. Many patients were found to have reached their condition through absence or unsuitability of work and restored by procedure similar to that for tuberculous patients at Papworth. The registration of the man power of the country and the call to every able-bodied citizen to make his contribution to a national effort in support of a great ideal is undoubtedly having a great improvement in mental and physical health.

The Future

The location of Maudsley Hospital suggests a possible development in the light of the action taken by the London County Council. It is immediately opposite King's College Hospital which is the only large general hospital moved from its position in the centre of London in order to be more easily available to the people. The building, like that of the Maudsley Hospital, is unfinished but it is possible to have the vision of a great hospital centre for the treatment of mental and physical ill-health. Moreover it provides an example of that combination of hospital work under voluntary and civic authorities which is so much under discussion at the present time. Just as war begun arrangements had been made for closer collaboration which has already existed for many years to the advantage of the patients of both. Through the incendiaries, high explosives and land mines which have fallen freely in the neighbourhood it is good to see a vision of a unique temple of healing.

ABBOTT *Bulk Intravenous*

Solutions are made to Ampoule Standards

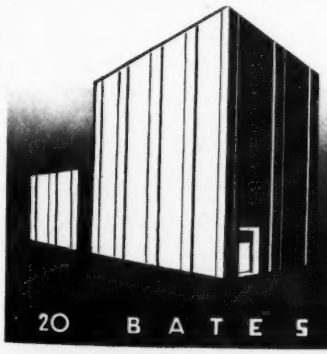
LIST OF ABBOTT INTRAVENOUS SOLUTIONS

Acacia, 6% W/V, in Physiological Sodium Chloride Solution.
Dextrose, U.S.P., 5% W/V, in Chemically Pure Water.
Dextrose, U.S.P., 10% W/V, in Chemically Pure Water.
Dextrose, U.S.P., 20% W/V, in Chemically Pure Water.
Dextrose, U.S.P., 2½% W/V, in Physiological Sodium Chloride Solution.
Dextrose, U.S.P., 5% W/V, in Lactate-Ringer's Solution.
Dextrose, U.S.P., 5% W/V, in Physiological Sodium Chloride Solution.
Dextrose, U.S.P., 5% W/V, in Physiological Sodium Chloride Solution with vitamin B_1.
Dextrose, U.S.P., 10% W/V, in Physiological Sodium Chloride Solution.
Dextrose, U.S.P., 25% W/V, in Physiological Sodium Chloride Solution.
Lextrose, U.S.P., 5% W/V, in Ringer's Solution.
Distilled Water, Fractionally.
Physiological Sodium Chloride Solution, U.S.P.
Sodium Chloride, 3% W/V, Solution.
Sodium Citrate, 3% W/V, Solution.

Abbott's long experience in ampoule production has dictated the procedure, controls and standards of the sterility tests used in manufacturing intravenous solutions in bulk containers.

We have not permitted a quantity operation to lower our exacting standards in the slightest degree.

The eight words highlighted in the heading above appear on the label of each Abbott Liter Container are to be taken literally. When we say "chemically pure water, free from pyrogenic substances", we mean precisely that. Write for descriptive literature on assembly and use of Abbott solutions and dispensing equipment. Abbott Laboratories, 20 Bates Road, Montreal, Canada.



ABBOTT LABORATORIES LIMITED

CANADA

20 BATES ROAD MONTREAL

Here and There

By the EDITOR

Looking Forward

The Merseyside Hospital Council has had to move from its former address in Liverpool to 40 Upper Parliament Street owing to enemy action, but, judging from the report of its work during the past year, it has considerably intensified its activities, despite these interruptions. Many of our readers remember the noteworthy visit of its secretary, Mr. Sydney Lamb, to this continent several years ago when he gave a series of addresses on the work of the British hospitalization schemes, including his own famous "Penny in the Pound" plan. Mr. Lamb was treasurer of the International Hospital Association until 1937, when his independence of thought displeased the German group. Despite this experience Mr. Lamb writes "We look forward with faith and confidence to the much hoped for day soon when international companionship and communications in our common cause of healing will again be restored to us all." Then he adds: "In sending you the affectionate greetings of your English friends, I want you to rest assured that our spirits are as resolute and as cheerily buoyant as never before."

* * *

American Spport of War Effort

Down in California they are not only making giant bombers for Britain, but are doing a tremendous amount through the British War Relief Association of California. In a recent communication Mr. George U. Wood, superintendent of the beautiful Peralta Hospital in Oakland and himself a native of that portion of Canada below the 49th parallel, states that the medical and dental professions in the month of April sent a General Electric Field Radiographic and Fluoroscopic Unit with a gasoline engine to Great Britain. This unit arrived safely. In addition the medical and dental professions have sent a large quantity of instruments and hospital equipment as well as money. One of their Oakland doctors who operates the Cutter Laboratories donated a thousand packages of 1,500 units each of tetanus anti-toxin, valued at $1,000. His own hospital contributed $5,000 in this campaign and its medical staff gave $500 in lieu of holding its annual dinner.

Mr. Wood states also that hospitals are suffering the loss of many of their employees. With the shipyards paying $8.00 a day for unskilled labour, one can imagine the problem facing hospitals in holding help at the salaries hospitals are able to pay to employee.

* * *

Heat Control

One or two cloth window shades, drawn over a closed window, help curb indoor temperature rises during the summer and cut heat losses in winter. Scientists at the Armour Research Foundation have measured this insulation. They find that, in hot weather, a single shade will reduce heat intake up to 45 per cent, while two shades will reduce intake 65 per cent. Two shades pulled over each window during the hours of darkness in winter may save 10 per cent of the fuel bill.

—*Medical Economics.*

* * *

Ultra-violet Rays for Night Fighter Pilots in Britain

Night fighter pilots in Britain are deprived of their normal quota of sunshine since they have to sleep during the daytime. To counteract this, Lord Nuffield has offered to provide facilities for sunray treatment, and the offer has been accepted by Sir Archibald Sinclair, Secretary of State for Air. Each of the aerodromes at which night fighter pilots are stationed will shortly be equipped with the latest type of collective irradiation apparatus, which allows 12 pilots to enjoy the treatment simultaneously.

Connaught Laboratories Given Grant to Study Infantile Paralysis

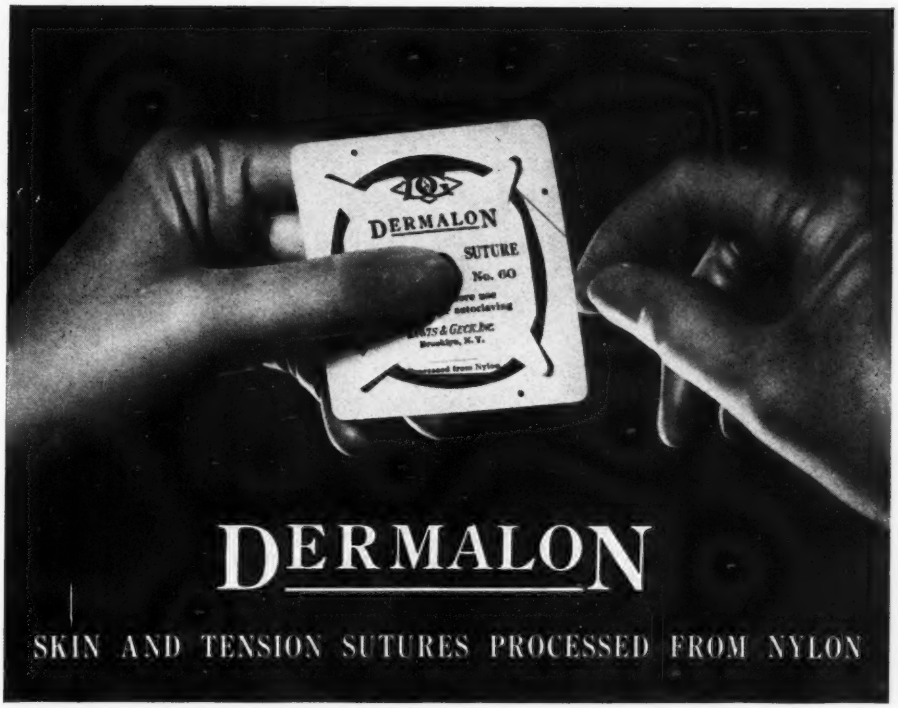
The National Foundation for infantile Paralysis, with headquarters in New York City, has announced the distribution of new grants totalling $195,000 to carry on research in the battle to conquer infantile paralysis. Inasmuch as infantile paralysis is a virus disease, the nature of which has not yet been determined, the Foundation is encouraging research work by virologists in a number of research centres on the continent. Grants are being made to a number of universities and hospitals to permit continuation or the undertaking of special studies, and two large grants have been made to the National Organization of Public Health Nursing in the United States, to encourage nurses to prepare themselves for orthopaedic public health nursing. One of the research grants has been allotted to the Connaught Laboratories at the University of Toronto, $8,800 being set aside for the development of more effective means of recovering the virus of infantile paralysis from stool specimens from patients and contacts.

* * *

Logic à la Gilbert and Sullivan

A novel line of logic was advanced by an Ontario doctor at an inquest last month. A motorcyclist had been killed by colliding with a car driven by a motorist who was reported to have smelt strongly of liquor. Asked why he did not take a blood test for alcohol in view of the bacchanalian odour, the doctor called is reported to have stated that he did not make a blood test because it was not legally possible to make such a test without the consent of the party and legal consent could not be received from a drunken person. Moreover, if a person were not drunk, it was not necessary to make a test!

Somehow or other, we are reminded of the weird but entertaining line of reasoning followed by the Lord High Executioner in "The Mikado".



DERMALON sutures are the product of two and a half years of research and clinical observation in the development of a synthetic monofilament strand conforming to Davis & Geck's high standards of stability, strength and compatibility with the tissues.

Smoothness, elasticity, and impermeability are characteristics of the basic substance—nylon. Permanence of color, uniformity of size and other qualities essential to satisfactory use and behavior are assured by D&G processing. Fully tested under varying conditions and thoroughly proven by clinical experience, Dermalon sutures are now available in sizes 4-0 to 0 for skin closure and in sizes 1, 2 and 3 for tension suturing. They are supplied in various lengths – heat sterilized in hermetically sealed glass tubes, or in 190-inch lengths on convenient dispensing reels.

DAVIS & GECK, INC., 217 DUFFIELD STREET, BROOKLYN, N. Y.

Samples of Dermalon will be sent to hospitals for trial or they may be obtained through our representatives, Booth No. 520, American Hospital Association Convention.

Special Qualifications for Surgery Desirable

Medical Staff Problems Discussed

IN his presidential address to the Ontario Medical Association at its annual convention in Windsor, Dr. Harris McPhedran in discussing a number of problems facing medicine at the present time, brought up two points relating to practice in hospitals:

"There is another situation in our system of practice which must be faced. Very frequently I was told last Fall that some of our practitioners are attempting procedures, surgical especially, which they are not adequately trained to perform. Basically this is an economic problem but it should be squarely faced. You may justly ask how this problem is to be solved. May I venture to make some suggestions.

"Is it not time that the licencing body in this province gave consideration to restricting what a young graduate can do once he has passed the Council of Canada examination? You are all licenced to practice Medicine, Surgery and Midwifery. The vast majority do not abuse that privilege but does it not seem reasonable consequent upon the tremendous advances in medicine that, should a graduate desire to undertake major procedures, he should give proof that he is qualified to do so?

"I believe with all the difficulties in the way namely (1) of determining what should fall within the scope of general practice (2) of classifying our graduates according to their abilities and qualifications, an honest attempt should be made to solve this problem. Especially so, since it will be necessary if and when, health insurance is introduced by our government, and would be welcomed even now by those services conducting schemes of voluntary health insurance.

"Many hospitals have already helped to solve this problem. Many more might well follow their example for the time is approaching when all hospitals must have recognized heads of medicine, surgery, etc., for the protection of the public and the honour of the profession.

"One more word about hospitals. In the January issue of our *Bulletin* "Old Timer" writes as follows: 'We have been taught to sacrifice our time and energy and private practice for science and humanity. We have been told that:

'1. Hospitals are philanthropic enterprises run for the benefit of the sick poor. It is, therefore, the doctor's duty to contribute his services free.

'2. The doctor is amply repaid by the knowledge and experience he gains from solving the same problems a hundred times instead of five.

'3. The hospital repays the doctor by extending its facilities for the treatment of his private patients.

'4. In university hospitals his name goes on the teaching staff, and he enjoys the opportunity of sharing his knowledge with students.

'5. Connection with a first-rate hospital classified him immediately as a competent physician, and is, therefore, of enormous benefit in building up his private practice.

'6. Hospitals expect appreciation and support from both doctors and patients but extend no right to share their control. Doctors may make suggestions—trustees make the decisions. Every doctor has been angered and embarrassed by the irresponsible medicine imposed upon him by his hospital. Some of us still swallow the whole dose and keep it down but most of us know there is a pound of hooey to each ounce of truth in it.'

"Is there not more truth than fiction in these observations and the conclusion? We are to-day especially in the hospitals of larger centres, the victims of the past when our population was small and charity work limited. As years have passed economic conditions have changed. People have become hospital minded and aware of the benefits of hospital treatment. The free medical services offered by hospitals have thrown a burden on the medical and surgical staffs that is unfair and unjust. Well gentlemen, the remedy rests in our own hands. It cannot, perhaps, be applied during the war. If, however, the members of the profession at large and members of hospital staffs act in this matter as a united body, this economic problem with so many angles to it should and I believe can be solved to the advantage of the hospitals and the profession alike for the labourer is still worthy of his hire."

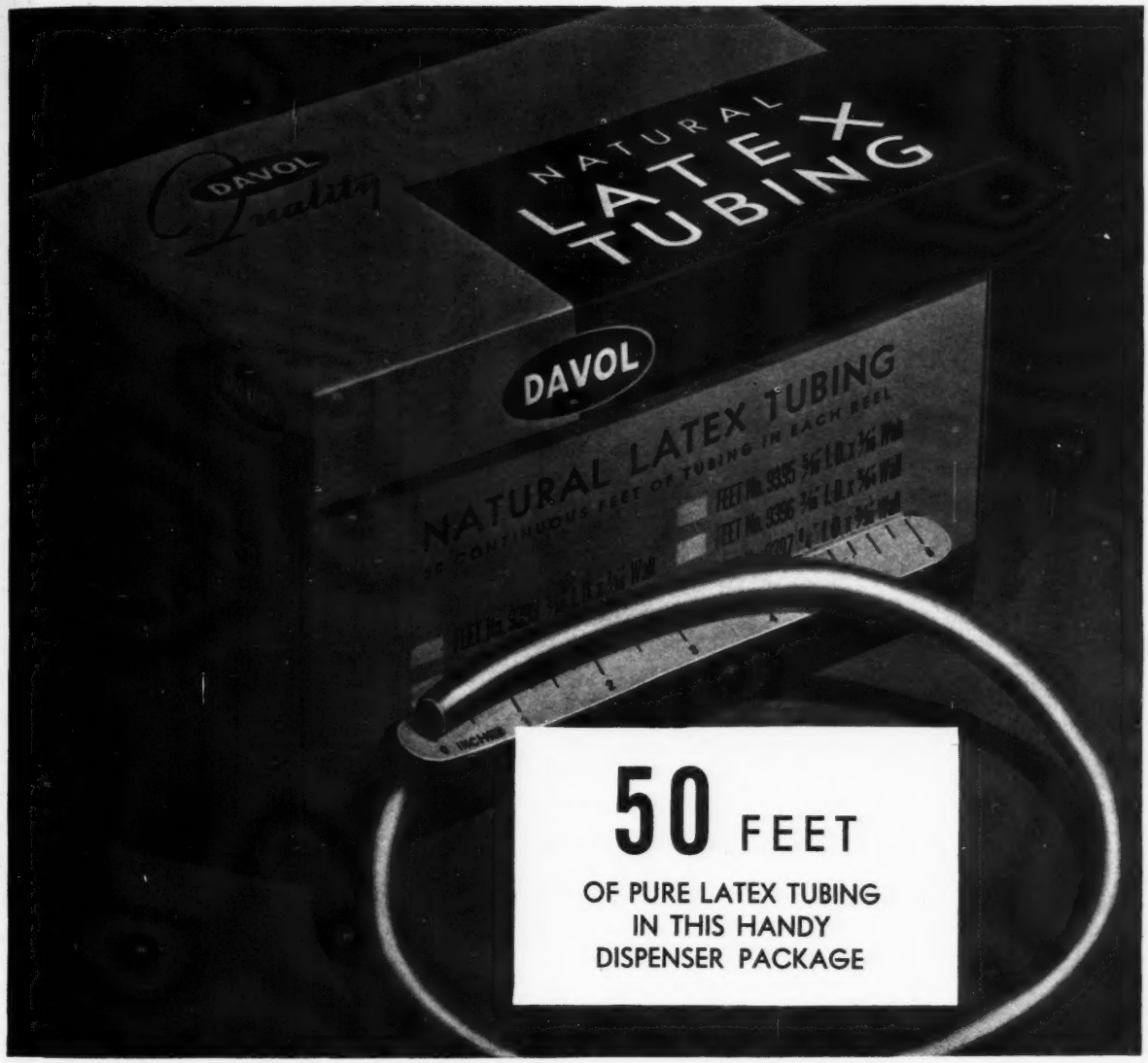
Maritime Conference of the Catholic Hospital Association Holds Annual Meeting in Halifax

The seventeenth annual meeting of the Maritime Conference of the Catholic Hospital Association was held in Halifax on September 4th and 5th, 1941.

The meeting opened at 9 o'clock the morning of the 4th with the usual business meeting, which was followed by the presentation and discussion of reports on nursing education from Nova Scotia, New Brunswick and Prince Edward Island. The morning's session included also a study of the assignment of certain clinical procedures, such as the giving of intravenous salines, blood pressure readings, etc., to qualified members of the graduate nursing staff, and a round table on nursing education problems.

The afternoon was devoted to the discussion of adult education, group hospitalization and state medicine, with representatives of each province participating.

Friday morning's session included a paper on Central Service by Sister Joseph Aeneas, St. Joseph's Hospital, Glace Bay; an address by Dr. Roy, radiologist to the Halifax Infirmary, on the X-Ray Department and its Relations with Other Departments of the Hospital; and a round table discussion of hospital problems conducted by Mother Audet of Campbellton, New Brunswick.



THERE'S a fifty foot roll of Davol-quality latex rubber tubing inside that box. To obtain any desired length, simply pull out the tube, measure it off against the six-inch rule, and cut. Box with lid keeps tubing clean. It's handy. It's a time-saver. And the 50 ft. length is thrifty—saves the odds and ends often left over from cutting shorter length tubing.

No. 9396 3/16" I.D. x 3/64" Wall
No. 9393 3/16" I.D. x 1/16" Wall
No. 9398 3/16" I.D. x 3/32" Wall
No. 9394 1/4" I. D. x 1/16" Wall
No. 9397 1/4" I. D. x 3/32" Wall
No. 9395 5/16" I. D. x 1/16" Wall

DAVOL

Davol merchandise is distributed in Canada by the Wholesale Surgical Supply Houses through Seiberling Rubber Co., of Canada, Ltd.

DAVOL RUBBER COMPANY, • PROVIDENCE, RHODE ISLAND

Ontario Association to Have Unusually Fine Programme

Meetings Planned for October 8th, 9th and 10th

THE programme of the Ontario Hospital Association is rapidly taking shape under the direction of Dr. W. J. Dobbie, chairman of the Programme Committee. A number of topics of special interest to the hospital field will be on the programme. On Wednesday the 8th there will be a discussion of the training and preparation of the hospital administrator, with an address by Miss E. M. McKee, superintendent of the Brantford General Hospital, and a discussion by Miss N. Fidler of the School of Nursing of the University of Toronto. There will also be a general discussion on "Hospital Problems During the War Period", with an opening address by Dr. M. G. Brown, superintendent of the Hamilton General Hospital and Mr. F. H. Holmes, business manager of the St. Catharines General Hospital. Dr. Edwin Robertson of Kingston, Professor of Obstetrics at Queen's University, will speak on "What the Hospital Architect Should Consider in the Designing of a Modern Obstetrical Department". In the morning, following a review of the year's activities by the Secretary-Treasurer, Dr. Fred W. Routley, there will be an address on the production and availability and costs of hospital supplies during the war, to be given by a representative of the commercial exhibitors.

Thursday morning, the 9th, will be devoted to special sections, with a number of the groups meeting separately. The Women's Hospital Aids will have a well arranged programme as has been their practice in previous years. Dr. Malcolm MacEachern will preside at a round table, following which Miss Madeline Baker of London will speak on the training of visiting housekeepers, Mrs. R. L. Stabert of Toronto will speak on "Trained Hands", with a display and explanation of work, Mrs. Marian B. Baker, Director of Ward Aide Service, Rochester General Hospital, Rochester, N. Y., will give an illustrated talk on Ward Aide Services. Mrs. John M. Ward, Past President of the Women's Hospital Aids of the Rochester General Hospital, will speak on various activities of their groups. It is also hoped that Miss Ruth C. Wilson, Moncton, will be present to discuss emergency war needs and organization of voluntary services.

The Ontario Association of Record Librarians, also meeting on the morning of the 9th will have a round table discussion, four speakers, a skit presented by the student record librarians at St. Michael's Hospital and a display of forms and posters. The programmes of the other groups are now being prepared.

The afternoon of the 9th will be devoted to a general round table session under the chairmanship of Dr. Harvey Agnew. A feature of this programme will be the presentation of a special "Information Please" hour based on hospital activities, with quiz teams of quick witted hospital administrators, nurses and others who will have a first chance at some of the questions. A part of the afternoon will be devoted to panel discussions on topics of key interest.

In the evening the annual banquet entertainment and dance will take place. The committee has been fortunate in obtaining the consent of Lt. Col. G. P. Vanier, D.S.O., M.C., as the banquet speaker.

On Friday morning there will be a general discussion of the recently launched Plan for Hospital Care, sponsored by the Ontario Hospital Association. Mr. Norman Saunders, Director, Mr. C. J. Decker of Toronto and Mr. Clark Keith of Windsor, will take an active part in these discussions. The convention will close at noon with a luncheon at which Dr. George Stephens, President of the Canadian Hospital Council, will be the speaker, followed by the final business session of the meeting. Mr. C. J. Decker, President of the Association will preside at most of the sessions.

Miss Mabel Gray Retires From U. of B.C. Appointment

The retirement of Miss Mabel Gray, for over fifteen years Assistant Professor of Nursing at the University of British Columbia and well known to Canadian nurses for her work in nursing education, has been announced.

At the same time it was announced that an additional position of an experimental nature has been created in connection with the nursing course at the University. The appointee to the new position, Miss Mary Henderson, is a graduate of the University of British Columbia and is the recipient of the last Florence Nightingale Scholarship. She completed her year's work at the University of Toronto when war broke out. Miss Henderson will divide her time between the university and hospital, in accordance with the purpose of the appointment—better integration of the professional and academic division of the degree course. A similar experiment, tried out in the public health course over a number of years, immeasurably increased the value of both university and field work and it is anticipated that its application in the degree course will be quite as beneficial.

Mr. Decker Recovering

Mr. Chester J. Decker, superintendent of the Toronto General Hospital and president of the Ontario Hospital Association, is recovering from a bad fall which he suffered during the summer, and is expected to resume his duties shortly.

Cyclopropane Squibb

CHEMICALLY AND BIOLOGICALLY TESTED TO ASSURE EXCEPTIONAL PURITY

THE extreme care used in the production of Cyclopropane Squibb results in a gas of exceptional purity. Exacting control begins with the selection and testing of the raw materials. Elaborate purification methods are employed and careful chemical analyses are made of each lot before it is released for sale. In addition, representative lots are biologically tested on rhesus monkeys.

The high quality of Cyclopropane Squibb has been amply demonstrated by clinical experience and the product has been generally accepted by anesthetists throughout the world as a dependable anesthetic agent.

Cyclopropane Squibb is supplied in 30 (AA)-, 75 (B)-, and 200 (D)-gallon cylinders. The cylinders are made of special steel which makes them light in weight, yet comparable in strength to the old-type, heavy cylinders.

Note: Cyclopropane is a highly potent gas and should be used only by anesthetists familiar with the technique of its administration.

For literature and information on Cyclopropane write
36 Caledonia Rd., Toronto, Ont.

E·R·SQUIBB & SONS OF CANADA, Ltd.
MANUFACTURING CHEMISTS TO THE MEDICAL PROFESSION SINCE 1858.

Analysis Made of Physical Findings on 50,000 Trainees

Major General LaFleche, of the Department of National War Services, has issued some interesting medical statistics based on the analysis of 50,000 medical examinations and certificate forms:

Medical Category	Number	%
A	30,845	61.69
B1	5,405	10.81
B2	1,825	3.65
C1	2,160	4.32
C2	2,255	4.51
D	995	1.99
E	6,515	13.03
	50,000	100.
Canadian Born	47,981	95.96
British Born	1,195	2.39
Non-British Born	824	1.65

The total number of disabilities does not coincide with the total number of men examined. The explanation is that some men are free of any disability whilst others suffer from one or more.

Glasses	7,105	14.21
Foot Trouble	4,280	8.56
Stomach Intestinal	4,245	8.49
Bronchitis Asthma	3,855	7.71
Rheumatism	3,850	7.7
Eye Disease	3,505	7.01
Nasal Trouble	3,295	6.59
Ear Trouble	3,205	6.41
Dentures	2,470	4.94
Rupture	2,005	4.01
Rejected Mil. Services	1,770	3.54
Kidney Bladder	1,715	3.43
Heart Disease	1,595	3.19
Mental Nervous	1,030	2.06
Gonorrhoea	840	1.68
Varicose Veins	640	1.28
Tuberculosis	625	1.25
Fits	455	.89
Pension	135	.27
Syphilis	95	.19

Quebec Commission to Investigate Hospital Working Conditions

A special provincial commission has been created by an Order-in-Council of the Province of Quebec to investigate working conditions in the hospitals of that province. The investigations are being held at the request of hospital employees who claim that they are entitled to wage increases while the hospital authorities hold that they are unable to meet the additional expenditure of higher salaries. The sittings are being held privately, though they will be made public if necessary.

The commission is headed by Dr. Arthur Lessard. Members are Rev. Sister Allard, representing the Catholic institutions, Dr. A. Lorne Gilday of the Montreal General Hospital, Alfred Charpentier, president of the National Catholic Unions, and O'Connell Maher, representing the Department of Labour.

Scheme for Group Hospital Care in Montreal Being Planned

Plans for group hospital care in the city of Montreal are going ahead rapidly. Recently the appointment of E. D. Millican, associate director of the Manitoba Hospital Service Association, as adviser on organization, was announced by the provisional local committee, and it is hoped that within a few weeks the plan may be in operation.

Employee's Pledge

1. I will arrive at work on time, or ahead of time, keen and alert from a good night's rest.

2. I will leave my home problems, my financial problems and my social problems outside the building. I recall a locomotive engineer who had a very hard run, but always at home he was placid. Someone asked him why he never seemed nervous, and his reply was worth thinking about. "I always leave my engine in the roundhouse", said he. "I found years ago that I didn't need it here at home."

3. I will put in an honest effort every minute in the interest of the hospital. This will be good for the hospital and better for me.

4. I will make it my duty to see that every patient and visitor is treated with the same courteous consideration I would show a guest in my home.

5. I will show myself superior in self control and in manners to those disagreeable people we always come in contact with.

6. I will avoid idle gossip and criticism of others.

7. I will study and make notes of the wishes of my patients and report them to my superiors.

8. I will "do unto patients" as I would like to have them "do unto me", if our situations were reversed.

9. I will spend part of my spare time in studying to become a better employee.

10. No gum chewing for me in work hours.

11. No slangy talk with patients or visitors.

12. I will never go into a huddle with other employees to talk over personal matters while patients are waiting attention.

13. I will be especially careful not to hurt the feelings of patients who have very little money.

14. I will treat every patient as though he were the best patient the hospital would ever have.

Quoted by Foster G. McGaw in the American Hospital Supply Corporation Bulletin.

Mr. S. D. Granville Treasurer of Maritime Association

Mr. S. D. Granville of St. Stephen, New Brunswick, was appointed treasurer of the New Brunswick Hospital Association, at the meeting held in July.

For Hospitals That Insist On Top Quality

HYPRO CELLULOSE MOUTH WIPES

. . . the best and most economical mouth wipe obtainable.

ECONOMICAL — Enthusiastic approval has greeted the new Hypro Cellulose Mouth Wipe! It's the most practical mouth wipe yet designed. Square in size, it's really a miniature handkerchief—the wastage which occurred with the old type, narrow strip mouth wipe, is completely eliminated.

UNSURPASSED IN QUALITY—This new Hypro Cellulose Mouth Wipe is made from the finest, soft sterilized cellulose obtainable. It's downy texture is highly absorbent and prevents irritation.

"ONE-AT-A-TIME" PACKAGE—Only one double sheet can be removed at a time from the convenient, 150 sheet carton. A considerable saving is effected through this feature alone, as wastage is usually incurred when two or more sheets are removed at a time.

SAMPLES and prices gladly submitted upon request. Write or telephone your nearest Hygiene Products' office.

Hypro white TISSUE Mouth Wipes are still available for those who prefer this type of mouth wipe.

HYGIENE PRODUCTS LTD.

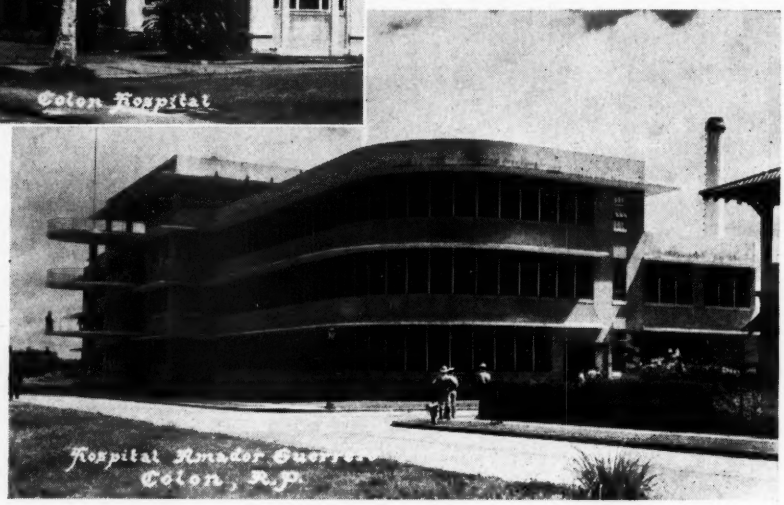
TORONTO MONTREAL

Offices

Saint John	Hamilton	Winnipeg
Ottawa	Windsor	Calgary
Kingston	Ft. William	Vancouver

The Old and the New in Panama

Photographs by Flateau, Panama.



WE ARE indebted to Mrs. R. M. Blair of Cristobal, C.Z., for the illustrations of these two beautiful Panama hospitals. Mrs. Blair was well known to Canadian hospital workers as Miss Mary Burcher, when editor of *The Canadian Hospital.*

Located on the Atlantic side of the Isthmus, they represent the new and the old in hospital architecture. The Spanish architecture of the Colon Hospital typifies the graciousness of an old and beautiful way of life. The name of the hospital is rather misleading for actually it stands on American zone territory and is not in Colon at all. This hospital is for the treatment of American soldiers and sailors and of civilian employees and their families, and the staff is composed of army and civilian doctors. There is also a hospital on the Pacific side of the Isthmus known as the Gorgas Hospital.

The modern Amador Guerrero was built recently by the Panamanian government and is designed to permit the maximum amount of air and light. It is located right on the beach and has extensive grounds.

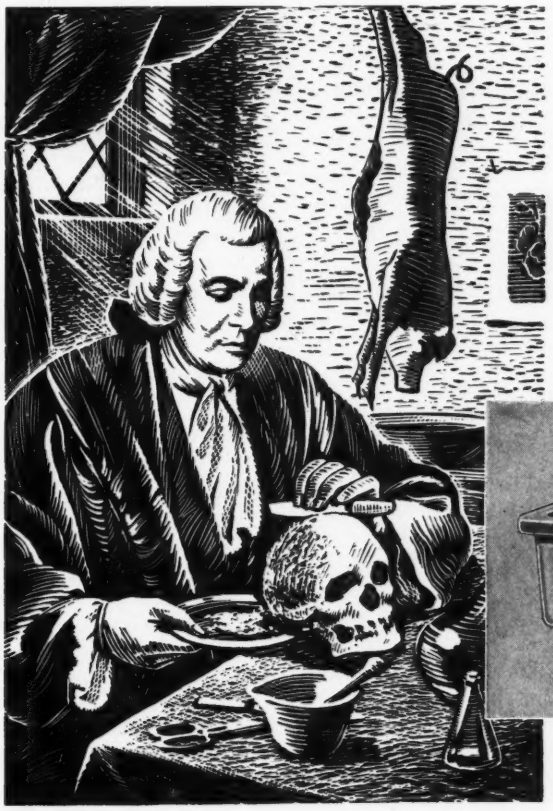
Mrs. Blair reports that everyone in the Canal Zone, including American army and navy officers, are wearing little miniature Spitfires in support of the local "Spitfire Fund." Sympathy for the British cause is overwhelming in this area. Skilled assistance is so scarce in this area that for a while last winter Mrs. Blair was simultaneously employed with both the United States Army and the British consular shipping officer, undertaking the latter work at night. This may have established some sort of a record, as it is rare indeed that a woman has the opportunity of working for both the British and American governments at the same time!

Soldiers' Dependants Eligible to Join Ontario Hospital Plan

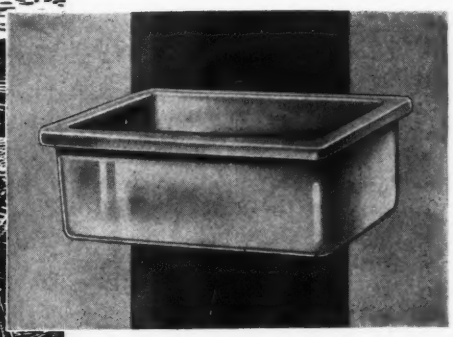
The Plan for Hospital Care in Ontario has agreed to accept soldiers' dependants on the understanding that in paying the premiums the wife would be considered as the head of the family and the remainder of the family pay the usual family rates. In other words, for semi-private accommodation, the premium for the wife would be 75c and for the remainder of the family an additional 75c, or a total of $1.50. For standard ward care, the charge would be 50c for the wife and 50c for the remainder of the family, making a total of $1.00. Morbidity statistics indicate that the wife is a considerably higher risk than the husband and this additional risk to be borne by the Plan is compensated for by the above arrangement and also by the fact that this arrangement would only come into force if Ottawa approves the plan whereby the premiums would be deducted by Ottawa from the monthly allowance cheque at the written consent of the family.

The Plan for Hospital Care in Ontario, which began operation in Toronto in March and has since expanded to a number of other centres, had in August 6,581 contracts representing 13,359 participants. This was considered to be an excellent showing in view of the increased National Defence Tax and the setting up of the Unemployment Insurance Plan, both of which represent payroll deductions.

The personnel of the Plan administration is being augmented this month by two additional field representatives in order to facilitate its expansion throughout the province.



They Scraped the Moss from a HANGED MAN'S SKULL . . .



Crane Riverside Instrument Sink

AS LATE as the 18th century, "weapon salve" was accounted a sovereign remedy for wounds received in warfare. This wonderful preparation was concocted from powdered mummy and lodestone, earthworms, the brain of a pig, and moss scraped from the skull of a murdered or hanged man. Strangely enough, the remedy was often effective—because it was applied to the *weapon* which had inflicted the wound, and not to the wound itself!

Today, when every effort is made to prevent wound infection . . . the surgeon can rely upon sanitary equipment which embodies the very latest findings of aseptic practice. For example, the Crane Vitrian China Laboratory sink shown above is *permanently* non-absorbent and acid-proof thus reducing to a minimum any danger of contamination. This roomy, sturdily constructed sink is available in seven sizes, with antimonial lead or acid-resisting bronze sink plugs.

The Crane plumbing line provides specialized hospital products for every department—and every item is fully approved by the American College of Surgeons.

CRANE

CRANE LIMITED; HEAD OFFICE: 1170 BEAVER HALL SQ., MONTREAL

VALVES • FITTINGS • PIPE
PLUMBING • HEATING • PUMPS

NATION-WIDE SERVICE THROUGH BRANCHES, WHOLESALERS, PLUMBING & HEATING CONTRACTORS

A.R.P. and Passive Defence

(*Concluded from page 22*)

streets and control vehicles, and by auxiliary fire fighters, who are by far, we are told, the most important. (The city of Glasgow alone has 100,000 well trained civilian fire fighters.) Under a medical chairman doctors, nurses, first-aid wardens, St. John's Ambulance and Red Cross, first-aid posts and hospitals have been organized.

Practices are held by night and day, not only in areas ordered by Ottawa and declared "vulnerable", i.e., St. John and Moncton, but throughout New Brunswick generally, so as to be ready at short notice.

Auxiliary fire fighters attend fires, real and staged. Casualties are tagged, reported by wardens, picked up by trained stretcher bearers, "sorted" at first-aid stations, where the less serious wounds are dressed while serious cases are sent to hospital, and everything is done with as much reality as possible in order to perfect the entire routine.

The medical chairman has all medicine, personnel, etc., quickly available, be it an air raid, train wreck, or explosion. Having arrived in Halifax from overseas at the time of the explosion I venture the opinion that many more lives could have been saved had medical services and a transportation system been established and projected before the disaster.

In New Brunswick we regard this complete civilian organization under the heading of "good business". At present there are 55 local C.V.C. organizations embracing some 18,000 members.

Let's Take your Hospital!

It should be examined from a number of angles:

1. Fire;
2. Protection from bombs and, in certain areas, shells;
3. Capacity
   (a) Normal
   (b) Emergency;
4. Special equipment necessary;
5. Water supply;
6. Emergency extensions to other buildings;
7. Place for new location if present hospital has to be abandoned due to fire or enemy action;
8. Duties for hospital personnel;
9. Knowledge of general A.R.P. in your area.

Fire

If your hospital is fireproof, your problem is not so great. Nevertheless is must be recognized that in the Maritime Provinces there are few really fire-proof buildings and your hospital may be only semi-fireproof in which case your local fire-chief should be called on to inspect your present fire-fighting arrangements.

If not a fireproof or semi-fireproof building, your problem is one which, no doubt, has already given you considerable trouble.

If raids are attempted it is anticipated that incendiary bombs will play a big part; the message from England is "train to control fire promptly". Tens of thousands of fire bombs have been snuffed out over there by trained civilians and it is easy to deal with the bomb but hard to handle a fire when it is started.

Incendiary bombs of about 15 inches over all will penetrate ordinary wooden roofs but will not go through 2 inches of concrete.

Should the bomb penetrate into your hospital, it can be snuffed out by quick action with sand. Sketches and booklets describing such bombs and the way to deal with them are obtainable through your A.R.P. authorities or through the Department of Pensions and National Health.

Remember also your fire may not start from within; it may start from without and spread to your hospital. Are there fire hazards near your hospital which could be removed or improved?

Protection from bombs and shells

While many hospital buildings would not be penetrated by light incendiary bombs, arrangements should be made to have sand ready to extinguish heavier incendiary bombs. High explosive bombs and shells would find very little resistance but in some hospitals arrangements have been made to convey patients to the basements and corridors where they will at least be free from flying glass.

Don't let us be unprepared. The cost of preparedness may come high, but the cost of neglect would be one that no one would care to shoulder.

Address, Joint Convention, N.B.H.A. and H.A. of N.S. and P.E.I., Pictou, July, 1941.

Aluminum and Steel Wanted!

Many thousands of aluminum and steel kitchen utensils lay discarded in the store-rooms and kitchens of hospitals throughout the country. The National Salvage Campaign solicits your co-operation in donating these utensils to the Government for conversion into equipment for war purposes.

To facilitate the handling of your donation of these items, the Wrought Iron Range Co., Limited, 149 King Street, West, Toronto, undertakes to pay all transportation charges on items sent in their care and they will then sort and dispatch them to the Canadian Red Cross Society, at their own expense. If in Toronto, telephone Elgin 2480 and the company will have a truck call; if outside Toronto, package and send to them collect.

Assist in the National War Effort. Act on this generous offer to-day!

"He who never made a mistake never made a discovery."

—*Samuel ("Self-help") Smiles.*

Price Trends

	Yearly Average 1940	June 1940	May 1941	June 1941
(On basis 1926 = 100)				
Building and Construction Materials	95.6	95.2	107.5	108.4
Consumers' Goods (Wholesale)	83.4	82.5	88.6	90.6
(On basis 1932-1939 = 100)				
Cost of Living	105.6	104.9	109.4	110.5

THE MYRICK INHALATOR

The Modern Way to Supply Warm, Moist, Medicated Air

The Myrick Inhalator is based on an entirely new principle of operation.

Eliminates projecting a jet of hot steam into the patient's face, or enclosing the jet in a hood or cone.

Steam from the generator of the inhalator is passed through an injector which draws into the stream of vapor a predetermined amount of cool air. This cools the steam to an acceptable temperature, at the same time removing excess moisture and automatically returning it to the generator.

Permits placing the patient in the direct path of the vapor stream and insures his receiving a steady flow of cooled, highly saturated vapor.

Inhalation of warm moistened air in the treatment of respiratory disturbances is almost universally accepted to-day. Moisture acts as a lubricant to the mucous membrane, thereby throwing off the germs carried in dry air.

Myrick Inhalator provides a simple and efficient means of administering such treatment.

Safety and economy justifies installation for general use for both medical and surgical patients.

Full Automatic Electric control protects elements should unit boil dry.

THE J. F. HARTZ CO., LIMITED

TORONTO — — **MONTREAL**

Green Spot

Orange & Grapefruit Juice Concentrates

Down Orange-Juice Costs!

25 to 60%!

• IMPROVED !

Since introducing GREEN SPOT products to Canadian Hospitals and Institutions, several years ago, we have greatly improved their quality.

GREEN SPOT Fruit-Juice Concentrates are prepared from fruits picked in their prime, and contain only the pure fruit juice, its sweetness rigidly standardized. There are absolutely no adulterants or preservatives added.

In California's largest, most modern, and scientific plant, the fruits are individually sorted, inspected, sterilized, and the rind removed. They are then squeezed and their juice concentrated in less than sixty seconds—thus assuring that none of the natural qualities of the fresh fruit-juice are lost.

Many hospitals have already effected considerable savings in time, money, work, and space with these high quality GREEN SPOT fruit-juice concentrates. Your inquiries or requests for samples are cordially invited.

- As low as ½c. per fluid ounce!
- Equal to finest fruit, in ascorbic acid.
- Absolutely no adulterants or preservatives!
- Prime fruit-juices Flash Concentrated.
- Simply add water, NO work or mess!
- All the flavour and goodness of the fresh fruit-juice itself. No waste!

• ASCORBIC ACID (VITAMIN "C")

When mixed with water, according to directions, Ascorbic Acid content per 4-ounce serving, is 50 Milligrams, (1,000 International Units of Vitamin "C") — the average daily adult requirement. This standarized Ascorbic Acid content compares favourably with the more expensive fresh fruit-juice.

GREEN SPOT TORONTO, LTD.

18 TORONTO ST., TORONTO • WRITE FOR SAMPLES AND INFORMATION TODAY!

Correspondence

Can Anyone Explain This Common Observation?

Dear Sir:

A problem that needs further scientific investigation is that of skin infections in new-born nurseries. To the best of my knowledge very little investigation has been carried out to the present which has contributed in any measure to the solution of this problem. No one, for instance, has ever explained why it is that the new-born infant, handled as he is in the nursery with almost an operating room technique, will yet fall prey to skin infections, whereas at the end of the new-born period, without any such precautions, the skin does not manifest any greater susceptibility than that of the older child.

We now know that bleeding in the new-born period is due to a vitamin lack and can be successfully controlled by the administration of such vitamins to the antepartum mother or to the new-born child. It seems to me that some further studies are called for to attempt to determine exactly what the new-born infant lacks which makes his skin more susceptible to infection than is the skin of an infant two weeks old.

We know now that premature infants are unable to metabolize certain essential amino acids, such as phenylalanin and tryptophane except in the presence of ascorbic acid. I am reasonably sure therefore, that we shall soon find that the new-born infant is more liable to skin infection because of the lack of some essential substance which, if supplied, will probably protect the new-born infant and necessitate precautions no more rigid than those used in the ordinary infant ward or in his own home.

Whether it be a vitamin or a special immunity which develops only after several days of extra-uterine life, one cannot tell but that it is some such substance which when found should be no more difficult than the administration of vitamin K in the prevention of haemorrhage, I am fairly certain. This has always appealed to me as an excellent piece of research for some young man with intelligence and time and imagination.

Yours sincerely,
Alton Goldbloom, M.D.,
Chief, Paediatrics Service,
Jewish General Hospital,
Montreal, Que.

* * *

Charges to Ward Patients By Staff Doctors

Dear Sir:

May an attending physician or surgeon in public wards in Ontario legally charge a fee to:

1) A patient from the province of Ontario, paying ward rate of $2.35 for first 5 days and $1.75 thereafter;

2) A patient from outside the province paying the rate of $2.35 per day;

3) A patient from Ontario paying $2.35 per day (ward-paying patient)?

In the above mentioned instances, can the hospital legally charge for x-rays, laboratory work, operating room services, etc.?

Yours very truly,
——— ———, M.D.,
Staff Surgeon.

Reply

We are informed by officials of the Department of Health for the Province, that the answer to your first question in relation to all three groups is "yes". The only group of public ward patients for whose treatment the staff physician is prohibited from making a charge is the group for whose care the municipality is responsible under the provisions of the Public Hospitals Act. (See Section 26 of the Regulations.) A number of the larger hospitals, particularly teaching hospitals, however, have hospital rulings whereby charges are not made by attending doctors to paying public ward patients. With respect to hospital charges for x-rays, laboratory work, operating room service, etc., the Regulations require that charges for these services must be reduced in the case of patients in the first group, but this does not apply to patients in the second and third groups. Regulation No. 59 reads:

"No provincial aid shall be payable for treatment of any patient for whose treatment the hospital makes any charge for extra services in excess of one-half the rate prevailing for private or semi-private patients in such hospital, or any charge for x-rays in excess of one-half the rate for the time being set by the Workmen's Compensation Board, except where the charges for such extra services are paid by a municipality."

Yours very sincerely,
Harvey Agnew, M.D.,
Editor.

Electrocardiograph Machine Available at Bargain Rate

A new Victor Electrocardiograph machine can be purchased at a substantial reduction from the Toronto Military Hospital. This machine, which originally cost $900, was purchased for the hospital by the War Hospitals Committee and had been in use but five weeks when the receipt of another machine made its use unnecessary. Address enquiries to Major MacDonald at Toronto Military Hospital.

One Peace For All

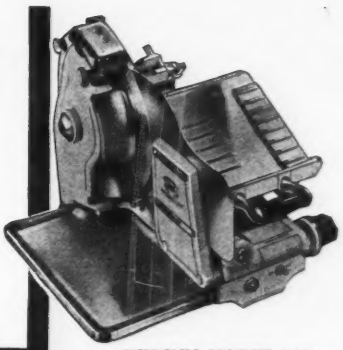
Aristide Briand once wrote "There is not one peace for America, one peace for Europe and another for Asia, but one peace for the entire world." The nations of the New World cannot sever the links which bind them to those of the Old. The lesson which should have been learned in 1914 is being taught with greater suffering in 1940, that a threat to the peace, prosperity and the liberties of any part of the world causes profund economic dislocation and political fear in every other part of the world.

From the Preliminary Report of the Commission to Study the Organization of Peace, in "International Conciliation," April, 1941.
—*James Harvey Robinson, in "The Humanizing of Knowledge".*

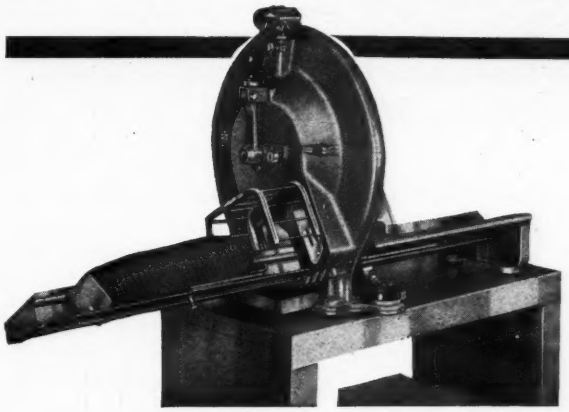
SAVE WASTE · SAVE TIME

both in ONE operation

Left-overs and waste, which is ordinarily accompanied with the old type Slicer, or when the cutting is done with a hand knife, is entirely eliminated with a modern BERKEL—and, due to the perfect uniformity in slices produced, food goes further.



BERKEL MODEL 1500
Combination Meat and Bread Slicer



BERKEL MODEL 800 ELECTRIC BREAD SLICER

Ideal for the medium size or larger Institutions.

Since bread can no longer be sold sliced, the Model 800 Electric Bread Slicer should be of great interest to the larger Hospital or Institution.

This machine is fast in operation, and slices the bread in any thickness desired from wafer thin to a slice ¾ of an inch thick. The only machine of its type ever produced.

BERKEL

BREAD AND MEAT SLICERS

Head Office and Factory

533-535 COLLEGE STREET, TORONTO

Send for Illustrated Folder

USE THESE SOAPS FOR COMPLETE PATIENT CARE!

A Good Prescription For Improving Hospital Service

FOR GENERAL PATIENT USE— Palmolive is the world's largest selling toilet soap. Patients like Palmolive—made with Olive and Palm Oils—because its gentle lather cleanses so thoroughly. Yet Palmolive actually costs no more than many ordinary soaps!

FOR WOMEN PATIENTS— Women really like Cashmere Bouquet for its rich, creamy lather and delicate lingering perfume. It leaves them feeling refreshed and dainty long after bathing. Cashmere Bouquet is hard-milled . . . gives many more washes per cake.

A GRAND FLOATING SOAP— Pure, white and with excellent floating and cleansing qualities, Colgate's Floating Soap is gentle to the skin, gives abundant lather in either hot or cold water. Colgate's Floating is a top-quality, economical soap.

YOUR PATIENTS' FAVORITE SOAP—AT PRICES THAT FIT YOUR BUDGET

Palmolive, Cashmere Bouquet and Colgate's Floating satisfy every hospital need. And because these famous soaps are produced in volume—they're priced to fit your budget! Ask your C.P.P. man for prices on the sizes you need. Or, write to us direct.

COLGATE-PALMOLIVE-PEET CO., LTD.

INDUSTRIAL DEPT., TORONTO, ONTARIO

Mrs. E. M. Leeson Retires from Post

Mrs. E. M. Leeson, formerly superintendent of the Nicholls Hospital at Peterborough, Ontario, whose resignation took effect in June, is being succeeded by Mr. John Hornall, purchasing agent at the Toronto Western Hospital. Mr. Hornall will assume his duties as superintendent the first of September.

Mrs. Leeson had been superintendent at the Peterborough hospital for twenty years. Her initiation to her duties was a severe one, for shortly after she arrived in 1921 scarlet fever swept through the city, putting a heavy burden on hospital facilities. During her tenure, Mrs. Leeson has seen many changes and improvements in the hospital, among the most important of which are the equipping of the hospital laboratory, the approval of the hospital by the American College of Surgeons, the construction of a nurses' residence, the approval of the school of nursing, and the many additions to the staff which improving service demanded.

Mr. John Hornall, a graduate of the University of Toronto, has been with the Toronto Western Hospital as purchasing agent for almost thirteen years. Before going to the Western Hospital he gained valuable executive experience in his work as Secretary of Hart House, University of Toronto.

Jean Isabel Gunn, O.B.E., LL.D.

(By Ethel Johns in The Canadian Nurse)

In the death of Jean Isabel Gunn, we in Canada have lost the greatest of our leaders. Those who were her close friends and associates have written the story of her career for the *Journal* and this brief commentary will deal only with the national and international aspects of her life and work.

For more than twenty-five years Miss Gunn was a dynamic and beneficent force in national nursing affairs. First as honourary secretary and later as president of the Canadian Nurses Association, she built wisely and well. After she ceased to hold office she took a continuing interest and an active share in the planning and development of every important national policy and project.

Those of us who had the privilege of working with her can never forget the insight, kindliness, tolerance and inspired common sense which were so characteristic of her. Her willingness to hear all sides and to face every issue fairly was as remarkable as it is rare. How patiently she used to listen while the rest of us talked all around the question and then, with a quiet word or two, set us on the right track. There was never a trace of condescension and always a flash of humour. A young nurse, watching Miss Gunn in action, said: "She always seems to clear things up." And so she did, because she was wiser and more far-seeing and more generous than any of us.

It was these very qualities which were so valuable in the international field. The depth and scope of Miss Gunn's thinking made a profound impression on nursing leaders in every country in the world. A great European nurse once said to the writer: "That big woman, Jean Gunn, *she is Canada to me.* It is she who should lead us. We need her as president of the International Council of Nurses." The nomination to this high office was tendered to her but Miss Gunn did not at that time feel free to accept it. Nevertheless as vice-president and as a member of the inner circle she helped to shape policies and carry out projects which even the shock of war has failed to destroy.

There was another and a more subtle yet powerful means whereby Miss Gunn exercised a profound influence in nursing affairs all over the world. She travelled widely in many countries and talked intimately with nursing leaders, but that was not all. Thanks to the Rockefeller Foundation, many young nurses still in the formative stages of their careers were given the opportunity of visiting Miss Gunn in her own hospital. They never ceased to wonder at the interest she showed in them, the endless pains she took to make their stay profitable and happy, her willingness in the midst of a busy life to give close attention to their personal problems. A shrewd comment was made by one of these young women: "Some of our counsellors talk so much themselves that they have no time to listen to the questions that we wish to put to them. But Miss Gunn always listened and, even if you could not speak English very well, she always understood." Yes, that was it—she always listened, she always understood.

The nurses whom she helped, guided and consoled are far apart to-day. But they carried away with them the precious seed she gave them. That which she sowed shall yet whiten to harvest, glorious and golden, in the sun of this and many other lands.

"There is nothing truly valuable which can be purchased without pains and labour."

—*Joseph Addison, The Tatler* (1707-11).

Hees Venetian Blinds add greatly to the utility and attractiveness of this private patient's room.

HEES VENETIAN BLINDS

are ideal equipment for the hospital

Not only do they bring a cheerful note of modern smartness and decorative value, but the comfort to patients and staff is inestimable. All direct sunglare can be eliminated, any degree of daylight admitted from full sunshine to complete shade.

Twenty lovely colours present opportunity for clever colour schemes to make the patients' rooms gay with colour . . . Pastels and deeper tones are included both in slat and ladder tape range.

Write for colour lists and samples.

For hospital lab. and lecture hall or other rooms where complete elimination of light is required, the new

BLACKOUT CLOTH WINDOW SHADE

gives perfect results. Special installation prevents any leakage of light at sides, top or bottom. The cloth may be had in all black or with one side in any standard colour.

Write for particulars.

Sold by leading house furnishings stores and interior decorators.

Manufactured and guaranteed by

GEO. H. HEES SON & COMPANY

LIMITED

Toronto Montreal

Makers of the Famous

MONARCH LINEN TINT WINDOW SHADES

and

HEES VENETIAN BLINDS

BLAND'S UNIFORMS

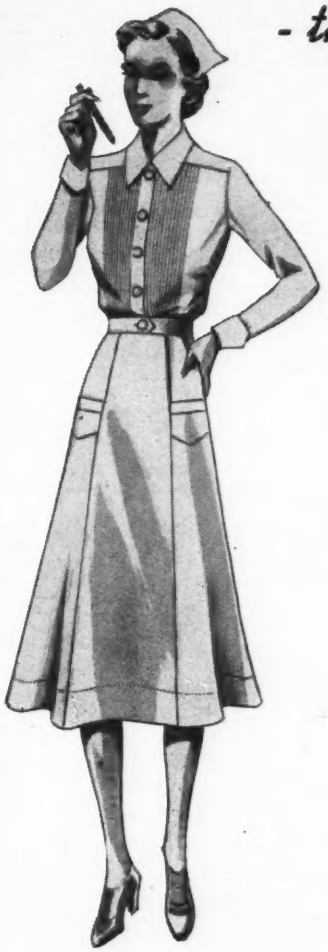
ARE ALWAYS IN

Good Taste

AND

Most Economical to Buy

- they wear so long and so well



No. 1101 in British Airplane or Fine Poplin or Percale.—Any size.

Made and sold only by

Bland & Company Limited

1253 McGill College Ave.

MONTREAL, CANADA

— New Catalogue is ready —

Book Reviews

THE THEORY OF OCCUPATIONAL THERAPY. By Norah A. Haworth, M.A. (Cantab.), M.R.C.S., Late Senior Assistant Medical Officer, Severalls Mental Hospital, Colchester, and E. Mary Macdonald, Principal, Dorset House School of Occupational Therapy. 132 pp. Price $1.75. Bailliere, Tindall & Cox, London, MacMillan Company of Canada, Toronto. 1941.

This book is concerned with the part played by occupational therapy in both mental and physical rehabilitation. Treatment in cases of tuberculosis, heart, surgical and orthopaedic conditions is given and there is a helpful chapter on the financing and equipping of a department. Although its title suggests that it deals with theory only, this work actually is exceedingly practical and contains copious illustrations and detailed instructions.

* * *

MICROBIOLOGY FOR NURSES. By Mary Elizabeth Morse, A.B., M.D. Formerly Assistant Pathologist to the Worcester State Hospital and to the Boston Psychopathic Hospital and Pathologist to the New England Hospital for Women and Children and to the Boston State Hospital, and Martin Frobisher, Jr., S.B., SC.D., F.A.P.H.A., Associate in Bacteriology, Johns Hopkins University. 6th ed. 466 pp., illus. Price, Cloth $3.25. London and Philadelphia, W. B. Saunders Company. McAinsh & Co. Limited, Toronto. 1941.

The sixth edition of this well known text brings it completely up to date. The book has been entirely reset; many revisions and additions have been made; and new illustrations have been added.

* * *

MANUAL OF CLINICAL CHEMISTRY. By Miriam Reiner, M.Sc., Assistant Chemist to the Mount Sinai Hospital, New York. 296 pp. Price $3.00. Interscience Publishers, Inc., New York. 1941.

This manual has its origin in a set of directions written for interns who might be called upon to perform blood sugar, urea and carbon dioxide estimations as emergency procedures "usually in the middle of the night". This basis was later greatly expanded and, as published, the manual includes not only a very wide range of functional and clinical tests, but the vitamin tests as well. The methods given have been, for some years, used with satisfaction in the hospital to which the author is attached.

COMING CONVENTIONS

September 10-11—Canadian Hospital Council, Windsor Hotel, Montreal.
September 14-15—American College of Hospital Administrators, Atlantic City.
September 15-19—American Hospital Association, Atlantic City.
October 8-10—Ontario Hospital Association, Royal York Hotel, Toronto.
November 3-7—American College of Surgeons, Copley-Plaza, Boston.
November 10-22—Institute in Administration, School of Nursing, University of Toronto.

London Hospitals Receive Bequests

The Queen Alexandra Sanatorium at Bryon, just outside of London, Ontario, and the War Memorial Children's Hospital of that city, have each received a bequest of approximately $12,000 by the terms of a will of the late Adam T. Caverhill of Komoka.

Of all human ambitions an open mind eagerly expectant of new discoveries and ready to remould convictions in the light of added knowledge and dispelled ignorance and misapprehensions, is the noblest, the rarest and the most difficult to achieve.

—James Harvey Robinson, in "The Humanizing of Knowledge".

THOUSANDS USE

G.H. Wood's

SANITARY PRODUCTS

Assure Cleanliness and Health

INSECTICIDES & REPELLENTS
DISINFECTANTS & DEODORIZERS
LIQUID SOAP & DISPENSERS
FLOOR WAXES & CLEANERS
ELECTRIC FLOOR MACHINES
PAPER TOWELS & DRINKING CUPS

Canada's largest manufacturers of Liquid Soaps and Sanitary Products

G. H. WOOD & COMPANY LIMITED

323 KEELE ST., TORONTO - 440 ST. PETER ST., MONTREAL

Branches from Coast to Coast

Maple Leaf

Alcohols

Medicinal Spirits
Iodine Solution
Absolute Ethyl B.P.
Rubbing Alcohol
Denatured Alcohol
Anti-freeze Alcohol
Absolute Methyl

Adapted to Hospital Service. Tested precisely from raw materials to finished products.

All formulae according to Dominion Department of Excise Specifications and the British Pharmacopoeia.

CANADIAN INDUSTRIAL ALCOHOL Co., Limited

Montreal Corbyville Toronto
Winnipeg Vancouver

Specify

"NATIONAL"

Canadian Made Cellulose Hospital Rolls

We are Sole Canadian Manufacturers of Cellulose Surgical Dressings — a product of the highest quality—very soft and absorbent.

Samples Gladly Sent to Your Hospital

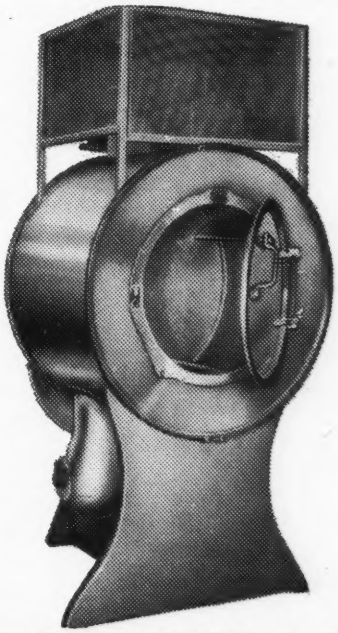
NATIONAL CELLULOSE

OF CANADA, LIMITED

1-21 Clouston Avenue, Toronto

CONNOR

Rapid Tumbler Dryer



Low Initial and Operating Cost, Plus Maximum Efficiency—make the Connor Tumbler Ideal for the Hospital Laundry.

Solve your laundry drying problems with one of these Canadian made Connor Tumblers. Made in three sizes:

No. 1 dries 20 lbs., No. 2, 26 lbs., No. 3 dries 32 lbs. in half an hour.

Available with electric, steam or gas heaters.

For lowest prices write to

J. H. CONNOR & SON, LIMITED

Ottawa - Ontario

WASHERS EXTRACTORS DRYERS

242 Princess St., Winnipeg, 423 Rachael St., Montreal

Western Agencies, Ltd., 951 Seymour St., Vancouver, B.C.

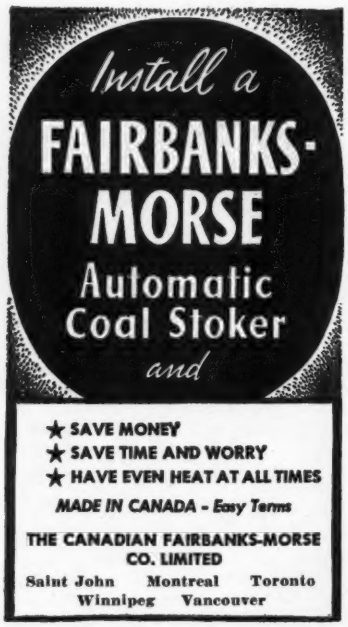
Post Graduate Courses

(*Continued from page* 24)

In discussing post-graduate work, a plea may also be made for the value of Refresher Courses, Institutes, organized meetings, and other means of "brushing up" and keeping in touch with the quick changes that colour all progressive developments to-day.

We do not know of any scientific investigations that have yet produced authentic information regarding the immunity conferred by a degree, special course or what not, but we do know that there is grave danger of special courses and degrees becoming like "My operation" a source of proud distinction, but an experience not to be repeated.

Yes, there is danger of graduates from Universities and Colleges as well as from very good schools of nursing becoming limited, narrow and timeworn. Such conditions are only to be avoided by renewing contacts, by continuous study and attendance at meetings and refresher courses, as a spectator as well as a participant, and a generous interchange of ideas.



Value of Hospital Service Plan from Viewpoint of Trustee

(*Continued from page* 18)

campaign will be necessary, since even the very idea of group hospitalization is much in advance of the rural mind. If we are to fulfill our responsibility of placing hospital facilities within the reach of all, we cannot ignore that very large and important section of our people. Any proposed group hospital service plan, therefore, must guarantee to enroll a large percentage of our rural population before it will be acceptable to many of our hospitals.

X-Ray Services

(*Continued from page* 25)

whose object will be to maintain a satisfactory standard of qualification through examining boards and to act as an employment bureau when called upon. The day has passed when a nurse can go away for a few weeks to pick up x-ray work; that is by no means satisfactory and superintendents should realize that expensive equipment should not be operated by poorly trained unskilled help.

The Part-Time Technician

In some hospitals the x-ray technician is also the laboratory worker. and perhaps, if a nurse, may be called upon for floor and operating room duty. This situation is not very satisfactory but with only a small amount of work in each department it cannot be avoided.

Direction of the Department

The demand for trained radiologists under present war time conditions, is far greater than the number available and those who remain are finding their work greatly increased, in large part because of the inclusion of military radiology. One cannot expect to have a qualified man step in with only a year of post-graduate training, consequently civilian hospitals who contemplate adding a radiologist to their staff are experiencing considerable difficulty in securing trained men. The big problem, however, is a financial one. Although enough work is carried out in most large hospitals, a considerable amount is non-remunerative, consequently the hospital finds itself unable to pay the salary demanded. When there is more than one hospital in a district, part-time service can be carried out, but there is a limit to its practicability.

In the small hospitals at a considerable distance from large centres, it is the custom for the staff men to make their own interpretations, while those films that require expert reading are forwarded to one of the full time radiologists. This is a satisfactory arrangement except in the case of gastrointestinal work which requires fluoroscopic observation. It would seem that a better arrangement in many hospitals would be for one of the staff men to take a short course in radiology and have a consulting arrangement with a qualified man in one of the larger centres.

In conclusion a closer co-operation between our hospital associations and the Canadian Radiological Association should solve many of our problems. As we are all working towards a common end, *co-operation* should be the keynote of our relationship.

SUPERINTENDENT AVAILABLE

Registered nurse with twelve years experience, as well as X-ray technical training, desires position as Superintendent of hospital of moderate size, all graduate nursing staff. Would consider industrial position. Excellent references. Box 109S. The Canadian Hospital, 57 Bloor St. W., Toronto.

Nurses Should Attend Hospital Conventions

Nurses should be encouraged to attend hospital conventions. If their way cannot be paid, at least there should not be salary deductions for the time actually required to attend the convention.

—*Edna H. Nelson.*

HOSPITALS PREFER FINNELL

ELECTRIC
SCRUBBING - WAXING
POLISHING MACHINES

For:—

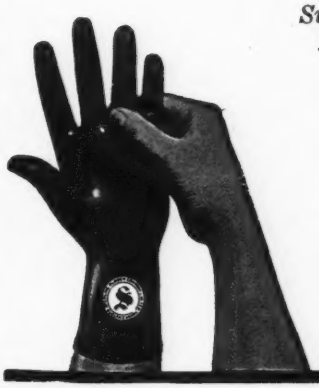
- Quiet, efficient service.
- Easy handling under beds, chairs, etc.
- Low operating cost.

Write us for details.

DUSTBANE PRODUCTS LTD.
OTTAWA
TORONTO MONTREAL WINNIPEG VANCOUVER

STERLING GLOVES
Featuring

Medium Weight in a Uniform Thickness



Specialists in Surgeons' Gloves for 29 Years.

STERLING RUBBER CO.
—LIMITED—
GUELPH - ONTARIO

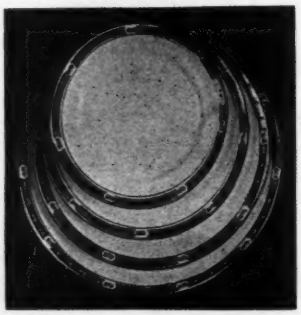
The STERLING trade-mark on Rubber Goods guarantees all that the name implies.

Each time you taste ice-cold "Coca-Cola," you are reminded that here is the quality of genuine goodness. Experience . . . many a refreshing experience . . . has taught people everywhere to trust the quality of "Coca-Cola."

THE COCA-COLA COMPANY OF CANADA, LIMITED

Hospital and Institutional

CROCKERY
SILVER
and
GLASSWARE



Distributors
for
JOHN MADDOCK & SONS, LTD.
ENGLAND

We specialize in Institutional Equipment and sell direct. May we send you quotations on any of the above lines you may require?

BRITISH & COLONIAL TRADING CO.

LIMITED
284-286 Brock Avenue
TORONTO

Index to Advertisers

SEPTEMBER, 1941

Abbott Laboratories, Limited	29
Aga Heat (Canada) Limited	6
Aluminum Goods, Limited	10
American Can Company	12
American Sterilizer Company	8
Ayers, Limited	10
Bard-Parker Company, Inc.	5
Baxter Laboratories of Canada, Limited	7
Berkel Products Co., Limited	43
Bland & Co., Limited	45
British & Colonial Trading Co., Limited	50
Canada Starch Co., Limited	4
Canadian Fairbanks-Morse Co., Limited	48
Canadian Feather & Mattress Co., of Ottawa, Limited	9
Canadian Hoffman Machinery Co., Limited	IV Cover
Canadian Industrial Alcohol Co., Limited	47
Canadian Laundry Machinery Co., Limited	II Cover
Cash, J. & J., Inc.	50
Cassidy's Limited	10
Citrus Concentrates, Inc.	III Cover
Coca-Cola Co., of Canada, Limited	49
Colgate-Palmolive-Peet Co., Limited	43
Connor, J. H. & Son, Limited	47
Crane, Limited	39
Davis & Geck, Inc.	31
Davol Rubber Company	33
Deknatel, J. A. & Son	III Cover
Dustbane Products, Limited	49
Eaton, T., Co., Limited	46
General Electric X-Ray Corporation	3
Green Spot (Toronto), Limited	41
Hartz, J. F., Co., Limited	41
Hayhoe, R. B., & Co., Limited	50
Hees, Geo. H., Son & Co., Limited	45
Hygiene Products, Limited	37
Ingram & Bell, Limited	7
Johnson & Johnson, Limited	11
National Cellulose of Canada, Ltd.	47
Parkhill Bedding, Limited	9
Sleepmaster, Limited	9
Squibb, E. R. & Sons of Canada, Limited	35
Stedfast Rubber Co. (Canada) Limited	46
Sterling Rubber Co., Limited	49
Tullis, D. & J. (Canada) Limited	50
Vancouver Bedding, Limited	9
Victor X-Ray Corp. of Canada, Limited	3
Vi-Tone Company	48
Wood, G. H. & Co., Limited	47

Tullis Laundry Machinery

Machines assembled in Canada. Complete machines and parts stocked in Montreal.
Service at all times by our engineer in Canada, direct from factory.
Full stock of laundry supplies, soap, soda, starch, knitted padding, duck, sheeting, blue, etc.

D. & J. TULLIS (CANADA) LTD.
920 GUY STREET Tel. No. Wilbank 0237 MONTREAL, QUE.

"FLOWERDALE" TEA

Broken Orange Pekoe
INDIVIDUAL TEA BAGS OR BULK
for HOSPITALS

Cartons of 500 or 1000 Bags
R. B. HAYHOE & CO., LTD.
7 FRONT ST. E. TORONTO, CANADA

Send us sample order. We ship same day as order received